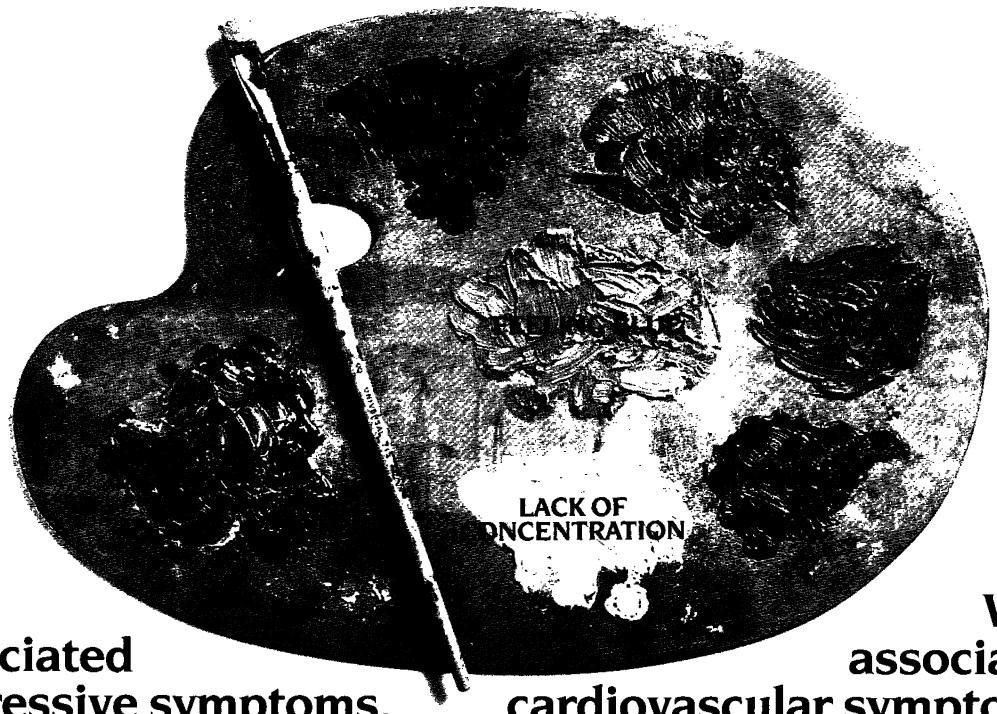
The portrait of anxiety

Upjohn The Upjohn Company
Kalamazoo, Michigan 49001 USA

Please see adjacent page for brief summary of prescribing information.

is often complicated



With associated depressive symptoms.

In double-blind, four-week clinical trials in 632 patients with moderate to severe anxiety, therapy with XANAX was compared with placebo.

XANAX was significantly more effective ($P<.001$) than placebo in relieving the anxiety, with over half of the patients showing marked to moderate improvement by the first evaluation period (one week).

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With associated cardiovascular symptoms.

Almost 60% of patients in the study had anxiety with associated cardiovascular symptoms even though cardiovascular disease had been ruled out. XANAX was shown to effectively relieve anxiety including the associated cardiovascular symptoms.

XANAX, the first of a unique class—the triazolobenzodiazepines.

- *Well tolerated*—Side effects, if they occur, are generally observed at the beginning of therapy and usually disappear with continued medication. Drowsiness and light-headedness were the most commonly reported adverse reactions.
- *Sustained efficacy*—No reported increase in dosage during 16-week clinical study, once an appropriate dosage was achieved. Since long-term effectiveness of XANAX has not been established, it is recommended that it not be used for longer than 16 weeks.
- *Simple dosage*—0.25 to 0.5 mg t.i.d.

TABLETS 0.25, 0.5 & 1 MG

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for the relief of complicated anxiety

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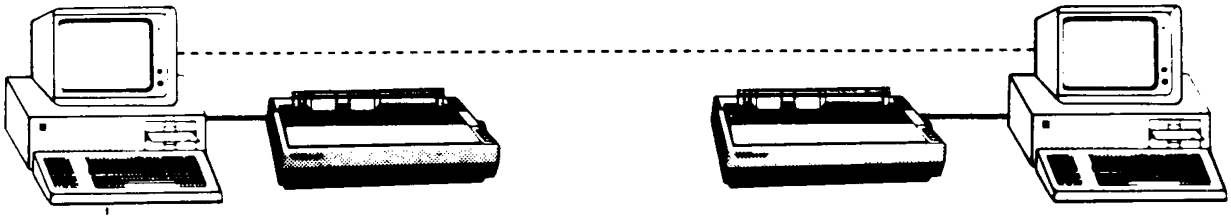

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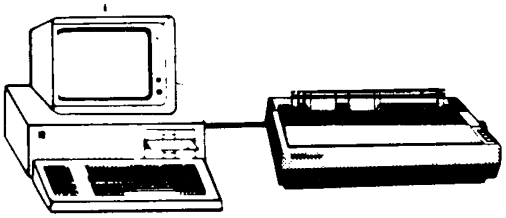

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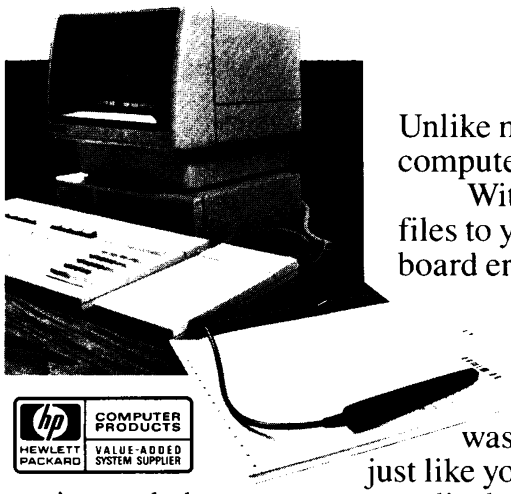

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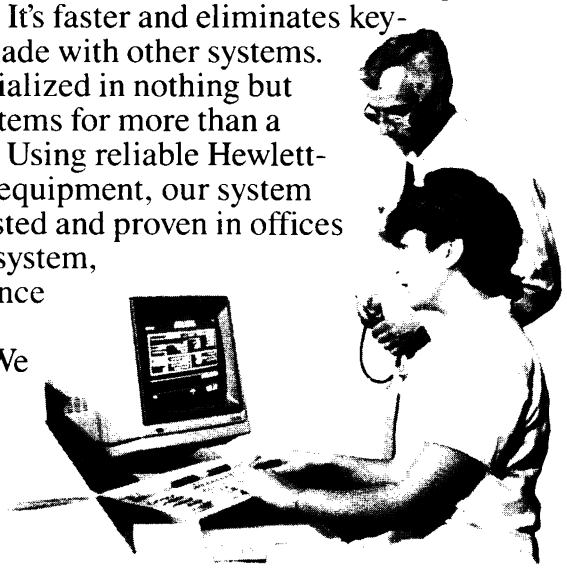

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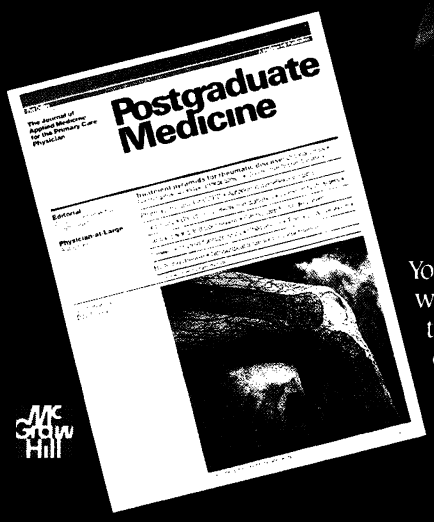

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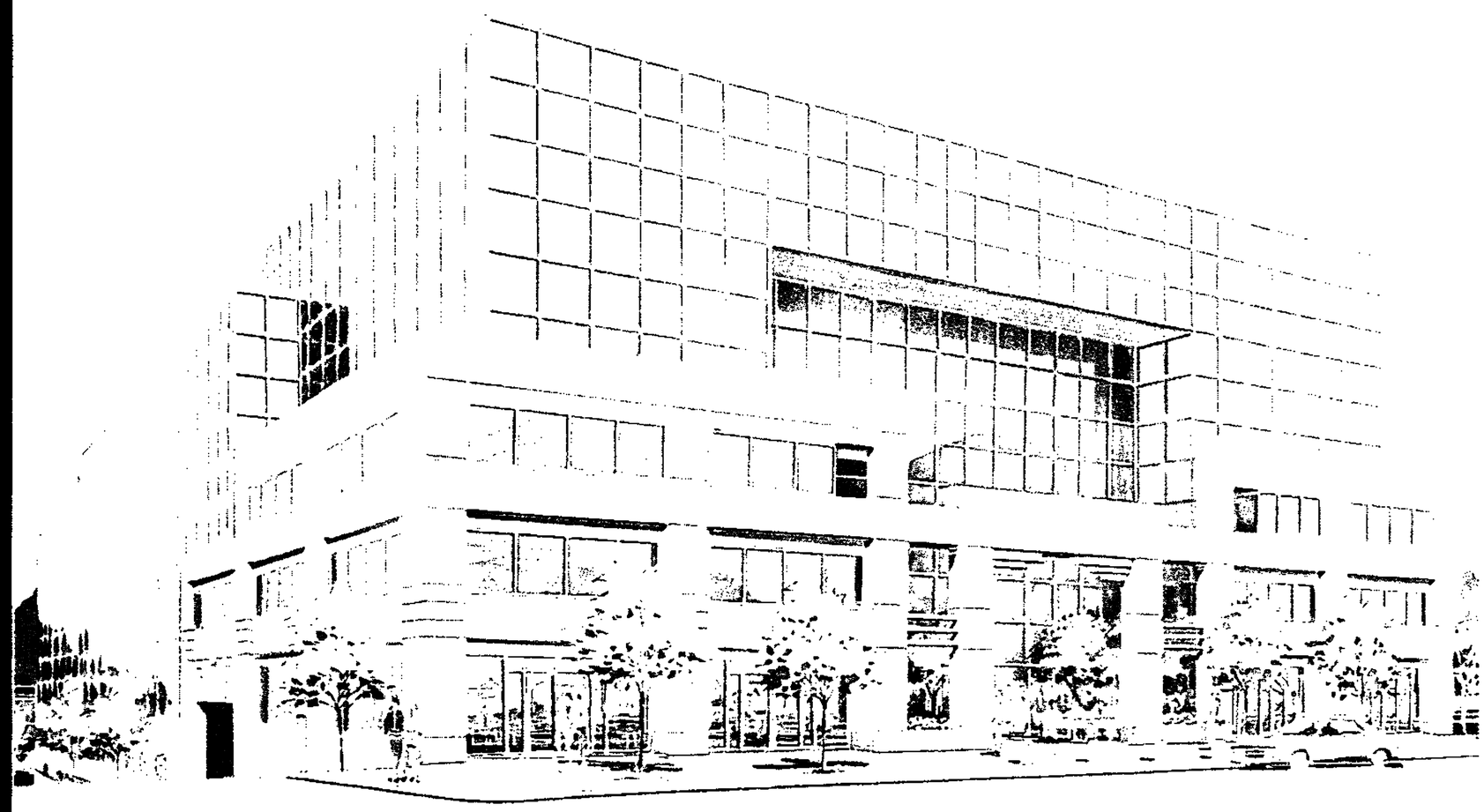

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Please see brief summary of prescribing information, and reference on adjacent page.

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VASOTEC

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Contraindications: VASOTEC® (Enalapril Maleate, MSD) is contraindicated in patients who are hypersensitive to this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor.

Warnings: *Angioedema:* Angioedema of the face, extremities, lips, tongue, glottis, and/or larynx has been reported in patients treated with ACE inhibitors, including VASOTEC. In such cases, VASOTEC should be promptly discontinued and the patient carefully observed until the swelling disappears. In instances where swelling has been confined to the face and lips, the condition has generally resolved without treatment, although antihistamines have been useful in relieving symptoms. Angioedema associated with laryngeal edema may be fatal. **Where there is involvement of the tongue, glottis, or larynx likely to cause airway obstruction, appropriate therapy, e.g., subcutaneous epinephrine solution 1:1000 (0.3 mL to 0.5 mL), should be promptly administered.** (See ADVERSE REACTIONS.)

Hypotension: Excessive hypotension is rare in uncomplicated hypertensive patients treated with VASOTEC alone. Heart failure patients given VASOTEC commonly have some reduction in blood pressure, especially with the first dose, but discontinuation of therapy for continuing symptomatic hypotension usually is not necessary when dosing instructions are followed; caution should be observed when initiating therapy. (See DOSAGE AND ADMINISTRATION.) Patients at risk for excessive hypotension, sometimes associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death, include those with the following conditions or characteristics: heart failure, hyponatremia, high-dose diuretic therapy, recent intensive diuresis or increase in diuretic dose, renal dialysis, or severe volume and/or salt depletion of any etiology. It may be advisable to eliminate the diuretic (except in heart failure patients), reduce the diuretic dose, or increase salt intake cautiously before initiating therapy with VASOTEC in patients at risk for excessive hypotension who are able to tolerate such adjustments. (See PRECAUTIONS, *Drug Interactions* and ADVERSE REACTIONS.) In patients at risk for excessive hypotension, therapy should be started under very close medical supervision and such patients should be followed closely for the first two weeks of treatment and whenever the dose of enalapril and/or diuretic is increased. Similar considerations may apply to patients with ischemic heart disease or cardiovascular disease in whom an excessive fall in blood pressure could result in a myocardial infarction or cerebrovascular accident. If excessive hypotension occurs, the patient should be placed in supine position and, if necessary, receive an intravenous infusion of normal saline. A transient hypotensive response is not a contraindication to further doses of VASOTEC, which usually can be given without difficulty once the blood pressure has stabilized. If symptomatic hypotension develops, a dose reduction or discontinuation of VASOTEC or concomitant diuretic may be necessary.

Neutropenia/Agranulocytosis: Another ACE inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression, rarely in uncomplicated patients but more frequently in patients with renal impairment, especially if they also have a collagen vascular disease. Available data from clinical trials of enalapril are insufficient to show that enalapril does not cause agranulocytosis at similar rates. Foreign marketing experience has revealed several cases of neutropenia or agranulocytosis in which a causal relationship to enalapril cannot be excluded. Periodic monitoring of white blood cell counts in patients with collagen vascular disease and renal disease should be considered.

Precautions: *General: Impaired Renal Function:* As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with ACE inhibitors, including VASOTEC, may be associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine were observed in 20% of patients. These increases were almost always reversible upon discontinuation of enalapril and/or diuretic therapy. In such patients, renal function should be monitored during the first few weeks of therapy.

Some patients with hypertension or heart failure with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when VASOTEC has been given concomitantly with a diuretic. This is more likely to occur in patients with preexisting renal impairment. Dosage reduction and/or discontinuation of the diuretic and/or VASOTEC may be required.

Evaluation of patients with hypertension or heart failure should always include assessment of renal function. (See DOSAGE AND ADMINISTRATION.)

Hyperkalemia: Elevated serum potassium (> 5.7 mEq/L) was observed in approximately 1% of hypertensive patients in clinical trials. In most cases these were isolated values which resolved despite continued therapy. Hyperkalemia was a cause of discontinuation of therapy in 0.28% of hypertensive patients. In clinical trials in heart failure, hyperkalemia was observed in 3.8% of patients, but was not a cause for discontinuation.

Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements, and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with VASOTEC. (See *Drug Interactions*.)

Surgery/Anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, enalapril may block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Information for Patients:

Angioedema: Angioedema, including laryngeal edema, may occur especially following the first dose of enalapril. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to take no more drug until they have consulted with the prescribing physician.

Hypotension: Patients should be cautioned to report lightheadedness especially during the first few days of therapy. If actual syncope occurs, the patients should be told to discontinue the drug until they have consulted with the prescribing physician.

All patients should be cautioned that excessive perspiration and dehydration may lead to an excessive fall in blood pressure because of reduction in fluid volume. Other causes of volume depletion such as vomiting or diarrhea may also lead to a fall in blood pressure; patients should be advised to consult with the physician.

Hyperkalemia: Patients should be told not to use salt substitutes containing potassium without consulting their physician.

Neutropenia: Patients should be told to report promptly any indication of infection (e.g., sore throat, fever) which may be a sign of neutropenia.

NOTE: As with many other drugs, certain advice to patients being treated with enalapril is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions:

Hypotension: Patients on Diuretic Therapy: Patients on diuretics and especially those in whom diuretic therapy was recently instituted may occasionally experience an excessive reduction of blood pressure after initiation of therapy with enalapril. The possibility of hypotensive effects with enalapril can be minimized by either discontinuing the diuretic or increasing the salt intake prior to initiation of treatment with enalapril. If it is necessary to continue the diuretic, provide close medical supervision after the initial dose for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS and DOSAGE AND ADMINISTRATION.)

Agents Causing Renin Release: The antihypertensive effect of VASOTEC is augmented by antihypertensive agents that cause renin release (e.g., diuretics).

Other Cardiovascular Agents: VASOTEC has been used concomitantly with beta-adrenergic-blocking agents, methyldopa, nitrates, calcium-blocking agents, hydralazine, prazosin, and digoxin without evidence of clinically significant adverse interactions.

Agents Increasing Serum Potassium: VASOTEC attenuates potassium loss caused by thiazide-type diuretics. Potassium-sparing diuretics (e.g., spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes may lead to significant increases in serum potassium. Therefore, if concomitant use of these agents is indicated because of demonstrated hypokalemia, they should be used with caution and with frequent monitoring of serum potassium. Potassium-sparing agents should generally not be used in patients with heart failure receiving VASOTEC.

Lithium: A few cases of lithium toxicity have been reported in patients receiving concomitant VASOTEC and lithium and were reversible upon discontinuation of both drugs. Although a causal relationship has not been established, it is recommended that caution be exercised when lithium is used concomitantly with VASOTEC and serum lithium levels should be monitored frequently.

Pregnancy—Category C: There was no fetotoxicity or teratogenicity in rats treated with up to 200 mg/kg/day of enalapril (333 times the maximum human dose). Fetotoxicity, expressed as a decrease in average fetal weight, occurred in rats given 1200 mg/kg/day of enalapril but did not occur when these animals were supplemented with saline. Enalapril was not teratogenic in rabbits. However, maternal and fetal toxicity occurred in some rabbits at doses of 1 mg/kg/day or more. Saline supplementation prevented the maternal and fetal toxicity seen at doses of 3 and 10 mg/kg/day, but not at 30 mg/kg/day (50 times the maximum human dose).

Radioactivity was found to cross the placenta following administration of labeled enalapril to pregnant hamsters.

There are no adequate and well-controlled studies in pregnant women. VASOTEC® (Enalapril Maleate, MSD) should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Milk in lactating rats contains radioactivity following administration of ^{14}C enalapril maleate. It is not known whether this drug is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when VASOTEC is given to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Adverse Reactions: VASOTEC has been evaluated for safety in more than 10,000 patients, including over 1000 patients treated for one year or more. VASOTEC has been found to be generally well tolerated in controlled clinical trials involving 2987 patients.

Hypertension: The most frequent clinical adverse experiences in controlled trials were: headache (5.2%), dizziness (4.3%), and fatigue (3%).

Other adverse experiences occurring in greater than 1% of patients treated with VASOTEC in controlled clinical trials were: diarrhea (1.4%), nausea (1.4%), rash (1.4%), cough (1.3%), orthostatic effects (1.2%), and asthenia (1.1%).

Heart Failure: The most frequent clinical adverse experiences in both controlled and uncontrolled trials were: dizziness (7.9%), hypotension (6.7%), orthostatic effects (2.2%), syncope (2.2%), cough (2.2%), chest pain (2.1%), and diarrhea (2.1%).

Other adverse experiences occurring in greater than 1% of patients treated with VASOTEC in both controlled and uncontrolled clinical trials were: fatigue (1.8%), headache (1.8%), abdominal pain (1.6%), asthenia (1.6%), orthostatic hypotension (1.6%), vertigo (1.6%), angina pectoris (1.5%), nausea (1.3%), vomiting (1.3%), bronchitis (1.3%), dyspnea (1.3%), urinary tract infection (1.3%), rash (1.3%), and myocardial infarction (1.2%).

Other serious clinical adverse experiences occurring since the drug was marketed or adverse experiences occurring in 0.5% to 1% of patients with hypertension or heart failure in clinical trials in order of decreasing severity within each category:

Cardiovascular: Myocardial infarction or cerebrovascular accident, possibly secondary to excessive hypotension in high-risk patients (see WARNINGS, *Hypotension*); cardiac arrest; pulmonary embolism and infarction; rhythm disturbances; atrial fibrillation; palpitation.

Digestive: Ileus, pancreatitis, hepatitis or cholestatic jaundice, melena, anorexia, dyspepsia, constipation, glossitis.

Nervous/Psychiatric: Depression, confusion, ataxia, somnolence, insomnia, nervousness, paresthesia.

Urogenital: Renal failure, oliguria, renal dysfunction (see PRECAUTIONS and DOSAGE AND ADMINISTRATION), prostate hypertrophy.

Respiratory: Bronchospasm, rhinorrhea, asthma, upper respiratory infection.

Skin: Herpes zoster, pruritus, alopecia, flushing, photosensitivity.

Other: Muscle cramps, hyperhidrosis, impotence, blurred vision, taste alteration, tinnitus.

A symptom complex has been reported which may include fever, myalgia, and arthralgia; an elevated erythrocyte sedimentation rate may be present. Rash or other dermatologic manifestations may occur. These symptoms have disappeared after discontinuation of therapy.

Angioedema: Angioedema has been reported in patients receiving VASOTEC (0.2%). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis, and/or larynx occurs, treatment with VASOTEC should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Hypotension: In the hypertensive patients, hypotension occurred in 0.9% and syncope occurred in 0.5% of patients following the initial dose or during extended therapy. Hypotension or syncope was a cause for discontinuation of therapy in 0.1% of hypertensive patients. In heart failure patients, hypotension occurred in 6.7% and syncope occurred in 2.2% of patients. Hypotension or syncope was a cause for discontinuation of therapy in 1.9% of patients with heart failure. (See WARNINGS.)

Clinical Laboratory Test Findings:

Serum Electrolytes: Hyperkalemia (see PRECAUTIONS), hyponatremia.

Creatinine, Blood Urea Nitrogen: In controlled clinical trials, minor increases in blood urea nitrogen and serum creatinine, reversible upon discontinuation of therapy, were observed in about 0.2% of patients with essential hypertension treated with VASOTEC alone. Increases are more likely to occur in patients receiving concomitant diuretics or in patients with renal artery stenosis. (See PRECAUTIONS.) In patients with heart failure who were also receiving diuretics with or without digitalis, increases in blood urea nitrogen or serum creatinine, usually reversible upon discontinuation of VASOTEC and/or other concomitant diuretic therapy, were observed in about 11% of patients. Increases in blood urea nitrogen or creatinine were a cause for discontinuation in 1.2% of patients.

Hemoglobin and Hematocrit: Small decreases in hemoglobin and hematocrit (mean decreases of approximately 0.3 g % and 1.0 vol %, respectively) occur frequently in either hypertension or heart failure patients treated with VASOTEC but are rarely of clinical importance unless another cause of anemia coexists. In clinical trials, less than 0.1% of patients discontinued therapy due to anemia.

Other (Causal Relationship Unknown): In marketing experience, rare cases of neutropenia, thrombocytopenia, and bone marrow depression have been reported.

Liver Function Tests: Elevations of liver enzymes and/or serum bilirubin have occurred.

Dosage and Administration: *Hypertension:* In patients who are currently being treated with a diuretic, symptomatic hypotension occasionally may occur following the initial dose of VASOTEC. The diuretic should, if possible, be discontinued for two to three days before beginning therapy with VASOTEC to reduce the likelihood of hypotension. (See WARNINGS.) If the patient's blood pressure is not controlled with VASOTEC alone, diuretic therapy may be resumed.

If the diuretic cannot be discontinued, an initial dose of 2.5 mg should be used under medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS and PRECAUTIONS, *Drug Interactions*.)

The recommended initial dose in patients not on diuretics is 5 mg once a day. Dosage should be adjusted according to blood pressure response. The usual dosage range is 10 to 40 mg per day administered in a single dose or in two divided doses. In some patients treated once daily, the antihypertensive effect may diminish toward the end of the dosing interval. In such patients, an increase in dosage or twice-daily administration should be considered. If blood pressure is not controlled with VASOTEC alone, a diuretic may be added.

Concomitant administration of VASOTEC with potassium supplements, potassium salt substitutes, or potassium-sparing diuretics may lead to increases of serum potassium (see PRECAUTIONS).

Dosage Adjustment in Hypertensive Patients with Renal Impairment: The usual dose of enalapril is recommended for patients with a creatinine clearance >30 mL/min (serum creatinine of up to approximately 3 mg/dL). For patients with creatinine clearance ≤30 mL/min (serum creatinine ≥3 mg/dL), the first dose is 2.5 mg once daily. The dosage may be titrated upward until blood pressure is controlled or to a maximum of 40 mg daily.

Heart Failure: VASOTEC is indicated as adjunctive therapy with diuretics and digitalis. The recommended starting dose is 2.5 mg once or twice daily. After the initial dose of VASOTEC, the patient should be observed under medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS and PRECAUTIONS, *Drug Interactions*.) If possible, the dose of the diuretic should be reduced, which may diminish the likelihood of hypotension. The appearance of hypotension after the initial dose of VASOTEC does not preclude subsequent careful dose titration with the drug, following effective management of the hypotension. The usual therapeutic dosing range for the treatment of heart failure is 5 to 20 mg daily given in two divided doses. The maximum daily dose is 40 mg. Once-daily dosing has been effective in a controlled study, but nearly all patients in this study were given 40 mg, the maximum recommended daily dose, and there has been much more experience with twice-daily dosing. In addition, in a placebo-controlled study which demonstrated reduced mortality in patients with severe heart failure (NYHA Class IV), patients were treated with 2.5 to 40 mg per day of VASOTEC, almost always administered in two divided doses. (See CLINICAL PHARMACOLOGY, *Pharmacodynamics and Clinical Effects*.) Dosage may be adjusted depending upon clinical or hemodynamic response. (See WARNINGS.)

Dosage Adjustment in Heart Failure Patients with Renal Impairment or Hyponatremia: In heart failure patients with hyponatremia (serum sodium <130 mEq/L) or with serum creatinine >1.6 mg/dL, therapy should be initiated at 2.5 mg daily under close medical supervision. (See DOSAGE AND ADMINISTRATION, *Heart Failure*, WARNINGS, and PRECAUTIONS, *Drug Interactions*.) The dose may be increased to 2.5 mg b.i.d., then 5 mg b.i.d. and higher as needed, usually at intervals of four days or more, if at the time of dosage adjustment there is not excessive hypotension or significant deterioration of renal function. The maximum daily dose is 40 mg.

For more detailed information, consult your MSD representative or see Prescribing Information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, PA 19486. J6VS18R(815)

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BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)[1]
...without inducing significant cognitive[2] or functional impairment*
...without producing a benzodiazepine withdrawal syndrome[3] upon discontinuation

Effective choice for anxiety

BuSpar®

Tablets, 5 mg and 10 mg

(buspirone HCl)

for a different kind of calm

*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

For Brief Summary, please see following page.

MJL8-4225R2

YOU CAN REACH THE GREEN FASTER WITH SCPIE'S NEW AGE 55 RETIREMENT PLAN

When the urge to escape grows strong, and you yearn for the relaxation you've earned, SCPIE's retirement plan can provide the reassurance you're looking for.

A SCPIE member who has been insured for five years immediately prior to retirement, and who quits practice completely and permanently, can retire at age 55 or thereafter with no "tail" cost.

Of course, that's only one advantage of joining an A+ rated, policyholder-owned insurance company. Many doctors join because they appreciate the other benefits which SCPIE offers.

For instance, SCPIE's policy provides broader coverage, giving you greater peace of mind than many other plans. As a doctor-owned company, we do not look for loopholes (exclusions) that save money but leave our members short-changed when it comes to protection.

Premiums are set by doctors on the SCPIE Board of Governors who pay those premiums themselves. They strive to hold costs as low as possible, while keeping SCPIE strong and solvent. If premiums turn out to be more than needed to pay claims and costs, the excess is returned.

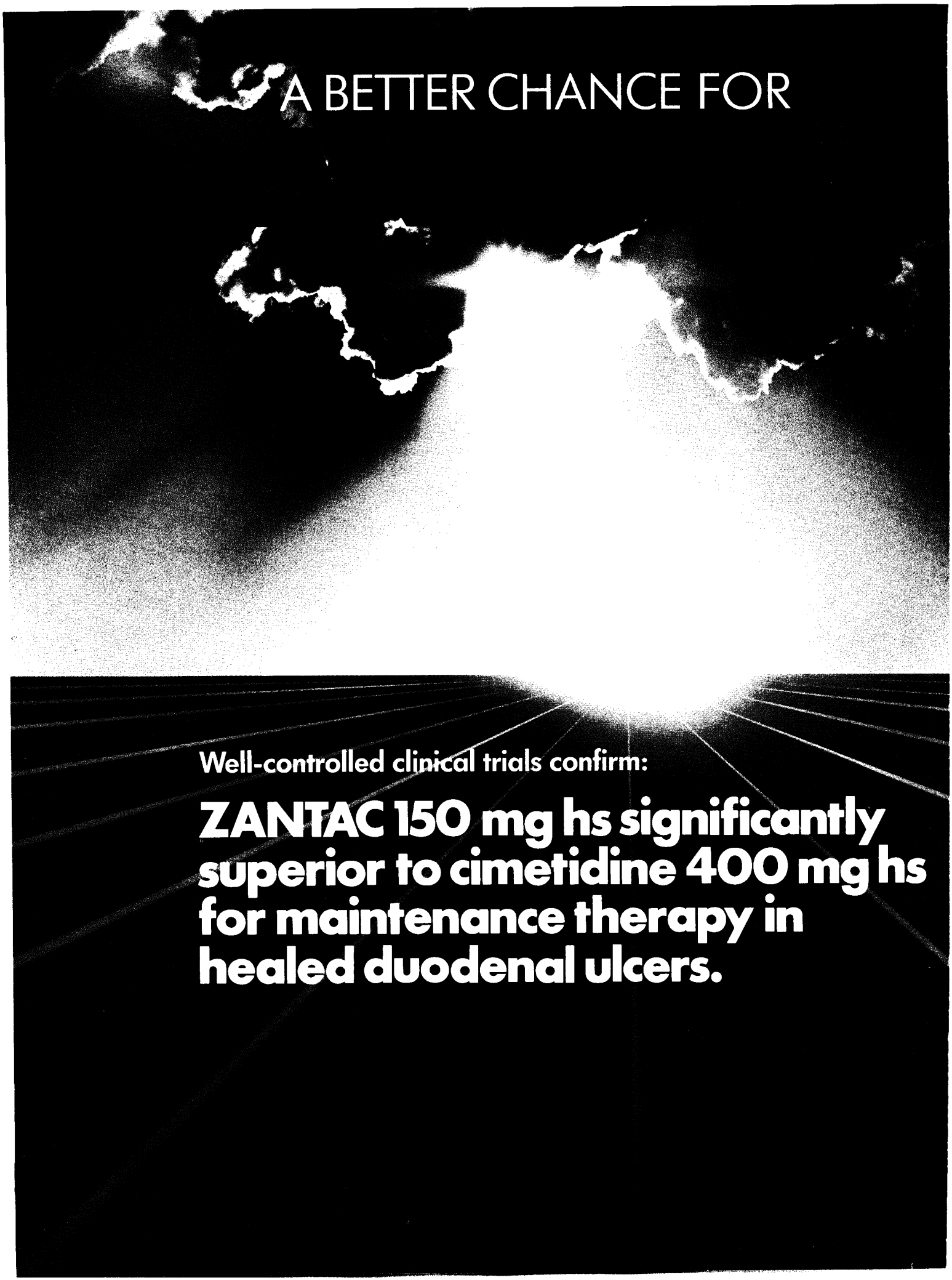
SCPIE is on top of the leader board. It's worth a call to find out what we can do for your retirement game.

Sponsored by the Medical Associations and Societies of Kern, Los Angeles, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara and Ventura Counties. Available in other areas. Also sponsored by The California Association of Oral and Maxillofacial Surgeons.

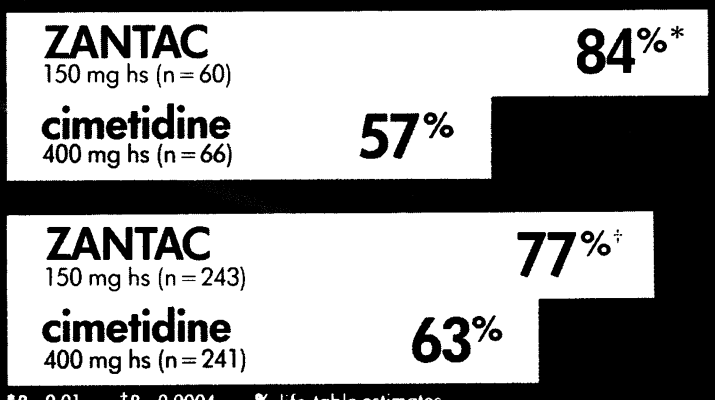
scpie

Southern California Physicians Insurance Exchange

2029 Century Park East
Suite 2300
Los Angeles, CA 90067
(213) 552-8900 *(Collect)*
(619) 544-0163
(In San Diego County)


A BETTER CHANCE FOR
Well-controlled clinical trials confirm:
ZANTAC 150 mg hs significantly superior to cimetidine 400 mg hs for maintenance therapy in healed duodenal ulcers.

Percent of patients ulcer-free after 1 year of therapy



*P = 0.01 †P = 0.0004 % life-table estimates

All patients were permitted prn antacids for relief of pain.
Adapted from Silvis[1] and Gough.[2]

These two trials[1,2] used the currently recommended dosing regimen of cimetidine (400 mg hs) and ranitidine (150 mg hs). A comparison of other dosing regimens has not been studied.
The studied dosing regimens are not equivalent with respect to the degree and duration of acid suppression or suppression of nocturnal acid.
The superiority of ranitidine over cimetidine in these trials indicates that the dosing regimen currently recommended for cimetidine is less likely to be as successful in maintenance therapy.

Zantac® 150

ranitidine HCl/Glaxo 150 mg tablets hs

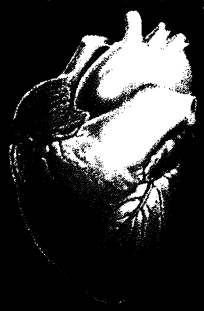
Glaxo/ ROCHE

See next page for references and Brief Summary of Product Information.

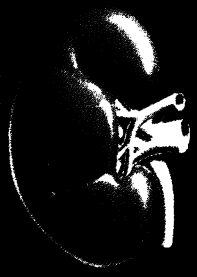
THE INSIDE/OUTSIDE STORY
IN HYPERTENSION

Effective peripheral vasodilation[1]

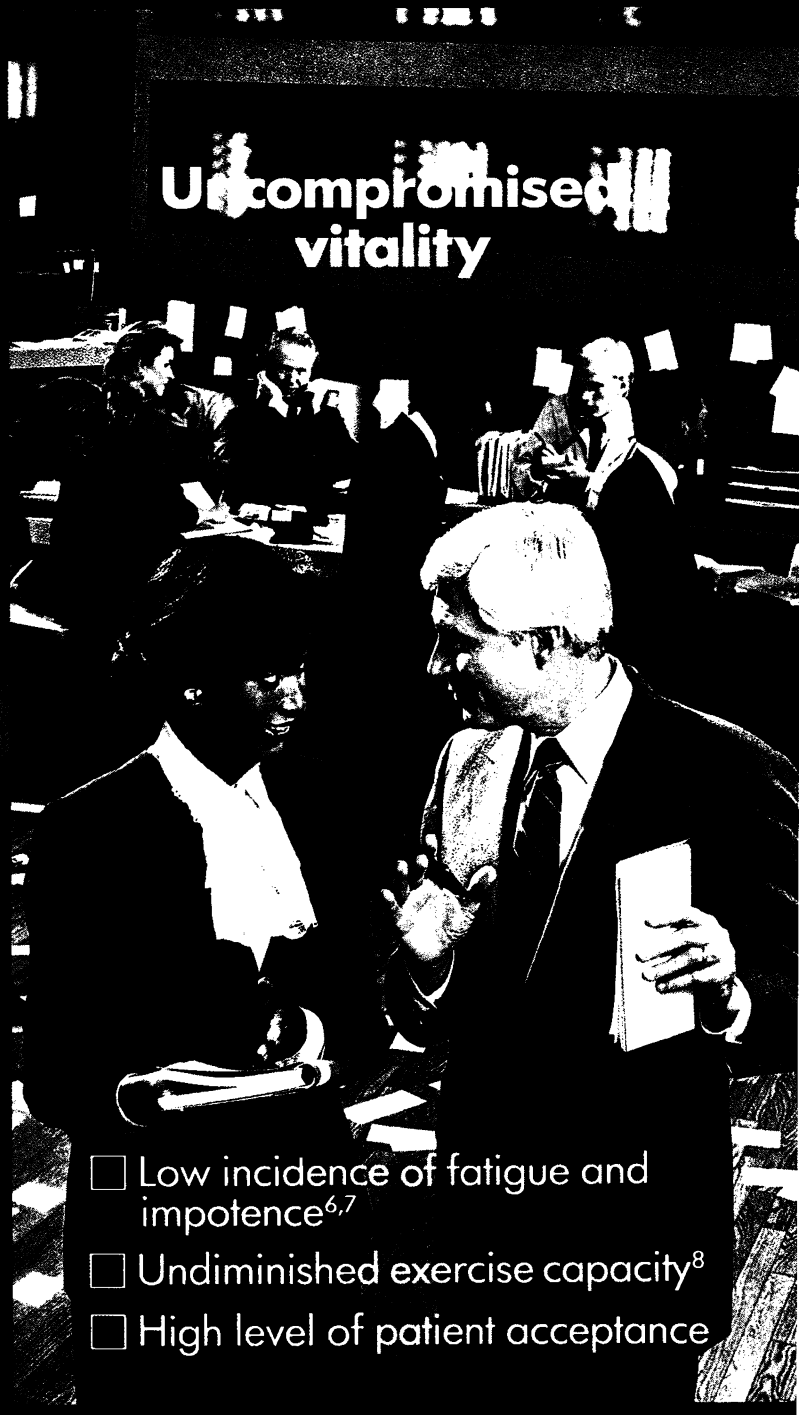
Undiminished cardiac output[2]



Undiminished renal function[3-5]



Uncompromised vitality



- ☐ Low incidence of fatigue and impotence[6,7]
- ☐ Undiminished exercise capacity[8]
- ☐ High level of patient acceptance

Effective blood pressure control

TRANDATE® *bid*

labetalol HCl/100 mg tablets

Because it vasodilates

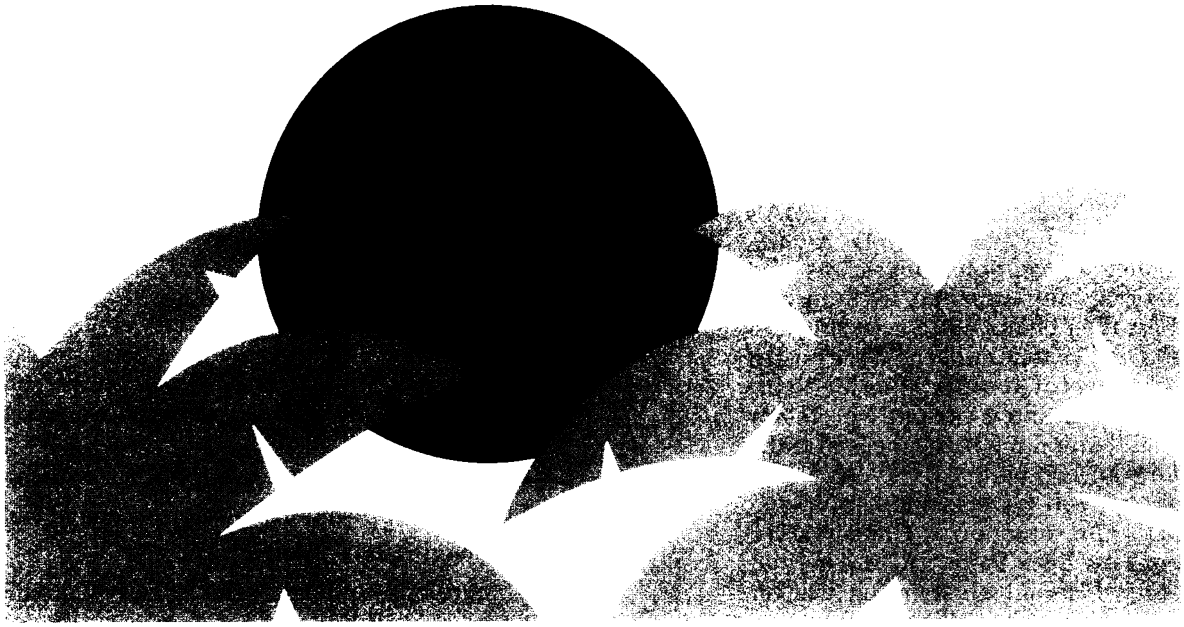
Please see references and Brief Summary of Prescribing Information on adjacent page.

Allen & Hanburys™
Division of Glaxo Inc., Research Triangle Park, NC 27709

References: 1. Lund-Johansen P: Short- and long-term (six-year) hemodynamic effects of labetalol in essential hypertension. *Am J Med* 1983;75:24-31. 2. Koch G: Haemodynamic adaptation at rest and during exercise to long-term antihypertensive treatment with combined alpha- and beta-adrenoreceptor blockade by labetalol. *Br Heart J* 1979;41(2):192-198. 3. Wallin JD: Antihypertensives and their impact on renal function. *Am J Med* 1983;75(suppl 4A):103-108. 4. Pedersen EB, Larsen JS: Effect of propranolol and labetalol on renal haemodynamics at rest and during exercise in essential hypertension. *Postgrad Med J* 1980;56(suppl 2):27-32. 5. Malini PL, Strocchi E, Negroni S, et al: Renal haemodynamics after chronic treatment with labetalol and propranolol. *Br J Clin Pharmacol* 1982;13(suppl 1):123S-126S. 6. Burris JF, Goldstein J, Zager PG, et al: Comparative tolerability of labetalol versus propranolol, atenolol, pindolol, metoprolol, and nadolol. *J Clin Hypertens* 1986;3:285-293. 7. Due DL, Giguere GC, Plachetka JR: Postmarketing comparison of labetalol and propranolol in hypertensive patients. *Clin Ther* 1986;8(6):624-631. 8. Feit A, Holtzman R, Cohen M, et al: Effect of labetalol on exercise tolerance and double product in mild to moderate essential hypertension. *Am J Med* 1985;78:937-941.

CALIFORNIA MEDICAL ASSOCIATION

PRESENTS



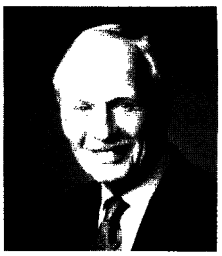
118TH ANNUAL SESSION AND

Western Scientific Assembly

MARCH 3-8, 1989
DISNEYLAND HOTEL • ANAHEIM

WESTERN SCIEN

GOLDEN APPLE AWARD

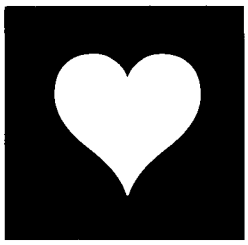


Rene Cailliet, MD

Rene Cailliet, MD, Director of Rehabilitation Services at the Santa Monica Hospital Medical Center, has been selected by the Committee on Scientific Assemblies to receive CMA's 1989 Golden Apple Award. This award spotlights exceptional physicians who have made a lifelong commitment to teaching and are renowned for their charismatic, scientific and educational talents. Doctor Cailliet held the post of Chairman, Department of Rehabilitation Medicine at USC from 1972-1982, and is currently professor emeritus of rehabilitation medicine; he is also the author of seven books on pain.

The award will be presented following Doctor Cailliet's presentation, **"Conservative Management of Low Back Pain."** All are invited to attend. Come hear an outstanding teacher address a subject of interest to all physicians.

Conservative Management of Low Back Pain
Friday, March 3, 12:30 pm
Disneyland Hotel



California Medical Association's 1989 Western Scientific Assembly will be held March 3-8 at the Disneyland Hotel. Persons attending scientific courses or special conferences are asked to register on site in the Center Lounge, located in the foyer outside the Grand Ballroom of the Disneyland Hotel. For more information on the following programs, please contact CMA at (415) 541-0900.

THURSDAY, MARCH 2

- ❑ Basic Cardiac Life Support

FRIDAY, MARCH 3

- ❑ Advanced Cardiac Life Support: Certification
- ❑ Clinical Applications of Environmental Epidemiology
- ❑ Managing HIV Infection
- ❑ Neurology Update for the Primary Care Physician
- ❑ Sports Medicine: Working With the Weekend Warrior
- ❑ Occupational Medicine Controversies
- ❑ New Perceptions in Treating Cerebral Palsy
- ❑ Pulmonary Medicine in Your Office
- ❑ Current Trends in Emergency Medicine and Prehospital Care
- ❑ Clinical Cardiology for the Primary Care Physician

SATURDAY, MARCH 4

- ❑ Advanced Cardiac Life Support: Recertification
- ❑ Fine Needle Aspiration Biopsy
- ❑ Lumbago 1989
- ❑ Controversies in Dermatology
- ❑ Women's Health Care Issues in Family Medicine
- ❑ Rheumatoid Arthritis
- ❑ Update in Ophthalmology

TIFIC ASSEMBLY

- ❑ Advances in Pediatrics
- ❑ A Workshop on Residency Selection and Career Planning
- ❑ Preoperative Fluid, Electrolyte and Blood Transfusion Management
- ❑ Multidisciplinary Approach to Biliary Stone Disease
- ❑ Physician Lifestyles: There's Gotta Be a Pony in Here Somewhere
- ❑ The Role of Modern Psychopharmacology
- ❑ Investment Planning

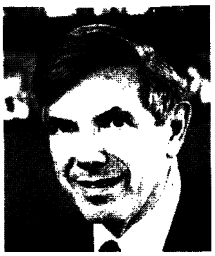
SUNDAY, MARCH 5

- ❑ Skin Cancer Update
- ❑ Colorectal Cancer Workshop - Flexible Sigmoidoscopy
- ❑ Pediatric Allergy - New Perspectives
- ❑ What's New? Keeping Up-To-Date in Obstetrics and Gynecology
- ❑ Update on Sexually Transmitted Diseases
- ❑ Update on the Tobacco Revolution
- ❑ Urology Update for the Primary Care Physician
- ❑ Legal Problems of Impaired Physicians
- ❑ Diagnosis and Management of Vertigo and Sleep Disorders
- ❑ Molehills or Mountains?
- ❑ Physicians and the Law
- ❑ CMA Takes a Look at the Washington Scene
- ❑ Magic Machines: Making Computers Work For You

MONDAY, MARCH 6

- ❑ Senior Health Care Seminar
- ❑ Suture Course
- ❑ Current Update on the Management of Breast Cancer

WESTERN SCIENTIFIC ASSEMBLY KEYNOTE SPEAKER

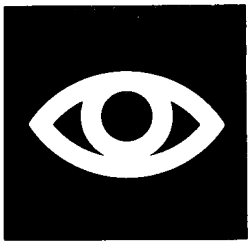


Willard Gaylin, MD

A noted ethicist, psychiatrist and psychoanalyst, Doctor Gaylin is co-founder and president of The Hastings Center in New York state,which is engaged in research on ethical issues in the life sciences. He is also a clinical professor of psychiatry at Columbia University's College of Physicians and Surgeons and author of many books, the latest of which is *The Rage Within: Anger in Modern Life.*

Many of the knotty legal, moral, and ethical problems associated with biomedical advances are special concerns of Doctor Gaylin. The Center's staff members and fellows are engaged in examining and evaluating issues involving population control, genetic screening, recombinant DNA research, behavior control, health policy, and the pros and cons of living wills.

The Burdens of Biomedical Success: After All We've Done for Them...
Sunday, March 5, 12:15 p.m. Disneyland Hotel



THE 118TH ANNUAL SESSION

AND WESTERN SCIENTIFIC ASSEMBLY

CONCURRENT EVENTS

HOUSE OF DELEGATES

The CMA House of Delegates meets Saturday, March 4 through Wednesday, March 8 at the Disneyland Hotel. Sit in on reference committee hearings and House sessions to see firsthand how CMA policies are shaped. Highlights of this year's House will be the farewell address of out-going CMA President Dr. Laurens P. White, a San Francisco internist, and the inaugural address of CMA's President-Elect, Dr. William G. Plested, a Los Angeles cardiovascular surgeon. Registration will be available March 3-8 at the Disneyland Hotel.

HOSPITAL MEDICAL STAFF SECTION ANNUAL ASSEMBLY

The CMA-HMSS Annual Assembly will be Friday, March 3 at the Disneyland Hotel. The theme of this year's assembly will be "Medical Staff Issues: 1989."

SPECIAL EVENTS

A variety of special events will be offered this year. Registration takes place at the Disneyland Hotel.

- ❑ Huntington Library, Art Gallery and Botanical Gardens
- ❑ Rags to Riches (Garment District to Beverly Hills)
- ❑ Newport Harbor Cruise/Dinner
- ❑ Gump's Presents Gems in General
- ❑ Laguna Impressions and High Tea at the Ritz Carlton
- ❑ Family Day at Disneyland

EXHIBITS

The exhibit hall offers something for everyone: pharmaceutical displays, computer and office systems, medical testing systems, insurance, investment opportunities, and much more. Prizes!

GENERAL INFORMATION

LOCATION

The CMA 1989 Western Scientific Assembly will be held at the Disneyland Hotel, 1150 West Cerritos Avenue, Anaheim, CA 92802. Call (714) 778-6600 for hotel reservation information.

FEES

There is no charge to CMA members and their non-physician family members and guests for general registration, nor to registered nurses, residents, interns or medical students. A general registration fee of $300 is charged to non-member physicians. Nonmember fee can be applied towards first year CMA membership dues.

REGISTRATION

Advance registration closes February 10, 1989. Attendees may register on site at the Disneyland Hotel's Center Lounge. Registration will be open:

Thursday, March 2	**1:00 pm to 5:00 pm**
Friday, March 3	**7:30 am to 5:00 pm**
Saturday, March 4	**7:00 am to 5:00 pm**
Sunday, March 5	**7:30 am to 5:00 pm**
Monday, March 6	**7:30 am to 4:00 pm**

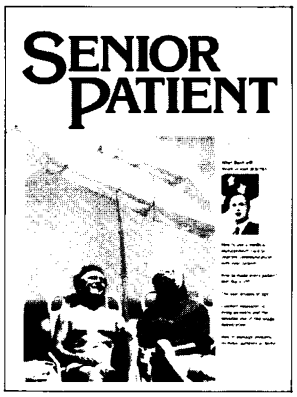
The registration desk will move to the House registration area outside the Marina Ballroom:

Tuesday, March 7	**9:00 am to 4:00 pm**
Wednesday, March 8	**9:00 am to 12:00 noon**

ANY QUESTIONS?

Contact CMA, (415) 541-0900.

Where do you go when you need to know more about your senior patients?



We'll take good care of you.

Coming in the next issue:

- Alzheimer's disease: What do we know now?
- What to do for congestive heart failure
- Do senior patients need to stop smoking?
- How lab values for older patients vary from normal

Read Every Issue from Cover to Cover!

***TAGAMET*® (brand of cimetidine)**

See complete prescribing information in SK&F LAB CO. literature or PDR. The following is a brief summary.

Contraindications: *'Tagamet' is contraindicated for patients known to have hypersensitivity to the product.*

Precautions: *Rare instances of cardiac arrhythmias and hypotension have been reported following the rapid administration of 'Tagamet' HCl (brand of cimetidine hydrochloride) injection by intravenous bolus.*

Symptomatic response to 'Tagamet' therapy does not preclude the presence of a gastric malignancy. There have been rare reports of transient healing of gastric ulcers despite subsequently documented malignancy.

Reversible confusional states have been observed on occasion, predominantly in severely ill patients.

'Tagamet' has been reported to reduce the hepatic metabolism of warfarin-type anticoagulants, phenytoin, propranolol, chlordiazepoxide, diazepam, certain tricyclic antidepressants, lidocaine, theophylline and metronidazole. Clinically significant effects have been reported with the warfarin anticoagulants; therefore, close monitoring of prothrombin time is recommended, and adjustment of the anticoagulant dose may be necessary when 'Tagamet' is administered concomitantly. Interaction with phenytoin, lidocaine and theophylline has also been reported to produce adverse clinical effects.

However, a crossover study in healthy subjects receiving either 'Tagamet' 300 mg. q.i.d. or 800 mg. h.s. concomitantly with a 300 mg. b.i.d. dosage of theophylline (Theo-Dur®, Key Pharmaceuticals, Inc.) demonstrated less alteration in steady-state theophylline peak serum levels with the 800 mg. h.s. regimen, particularly in subjects aged 54 years and older. Data beyond ten days are not available. (Note: All patients receiving theophylline should be monitored appropriately, regardless of concomitant drug therapy.)

In a 24-month toxicity study in rats, at dose levels approximately 8 to 48 times the recommended human dose, benign Leydig cell tumors were seen. These were common in both the treated and control groups, and the incidence became significantly higher only in the aged rats receiving 'Tagamet'.

A weak antiandrogenic effect has been demonstrated in animals. In human studies, 'Tagamet' has been shown to have no effect on spermatogenesis, sperm count, motility, morphology or in vitro fertilizing capacity.

Pregnancy Category B: Reproduction studies have been performed in rats, rabbits and mice at doses up to 40 times the normal human dose and have revealed no evidence of impaired fertility or harm to the fetus due to 'Tagamet'. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproductive studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Lack of experience to date precludes recommending 'Tagamet' for use in children under 16 unless anticipated benefits outweigh potential risks; generally, nursing should not be undertaken by patients taking the drug since cimetidine is secreted in human milk.

Adverse Reactions: *Diarrhea, dizziness, somnolence, headache. Reversible confusional states (e.g., mental confusion, agitation, psychosis, depression, anxiety, hallucinations, disorientation), predominantly in severely ill patients, have been reported. Reversible impotence in patients with pathological hypersecretory disorders receiving 'Tagamet', particularly in high doses, for at least 12 months, has been reported. The incidence of impotence in large-scale surveillance studies at regular doses has not exceeded that commonly reported in the general population. Gynecomastia has been reported in patients treated for one month or longer. Decreased white blood cell counts in 'Tagamet'-treated patients (approximately 1 per 100,000 patients), including agranulocytosis (approximately 3 per million patients), have been reported, including a few reports of recurrence on rechallenge. Most of these reports were in patients who had serious concomitant illnesses and received drugs and/or treatment known to produce neutropenia. Thrombocytopenia (approximately 3 per million patients) and, very rarely, cases of aplastic anemia have also been reported. Increased serum transaminase has been reported. Reversible adverse hepatic effects, cholestatic or mixed cholestatic-hepatocellular in nature, have been reported rarely. Because of the predominance of cholestatic features, severe parenchymal injury is considered highly unlikely. A single case of biopsy-proven periportal hepatic fibrosis in a patient receiving 'Tagamet' has been reported. Increased plasma creatinine has been reported. Rare cases of fever, interstitial nephritis, urinary retention, pancreatitis and allergic reactions, including anaphylaxis and hypersensitivity vasculitis, have been reported. Rare cases of bradycardia, tachycardia and A-V heart block have been reported with H_2-receptor antagonists. Reversible arthralgia, myalgia and exacerbation of joint symptoms in patients with preexisting arthritis have been reported rarely. Rare cases of polymyositis have been reported, but no causal relationship has been established. Mild rash and, very rarely, cases of severe generalized skin reactions (e.g., Stevens-Johnson syndrome, epidermal necrolysis, erythema multiforme, exfoliative dermatitis and generalized exfoliative erythroderma) have been reported with H_2-receptor antagonists. Reversible alopecia has been reported very rarely.*

How Supplied: Tablets: *200 mg. tablets in bottles of 100; 300 mg. tablets in bottles of 100 and Single Unit Packages of 100 (intended for institutional use only); 400 mg. tablets in bottles of 60 and Single Unit Packages of 100 (intended for institutional use only), and 800 mg. Tiltab® tablets in bottles of 30 and Single Unit Packages of 100 (intended for institutional use only).*

Liquid: *300 mg./5 mL., in 8 fl. oz. (237 mL.) amber glass bottles and in single-dose units (300 mg./5 mL.), in packages of 10 (intended for institutional use only).*

Injection:
Vials: *300 mg./2 mL. in single-dose vials, in packages of 10 and 30, and in 8 mL. multiple-dose vials, in packages of 10 and 25.*

Prefilled Syringes: *300 mg./2 mL. in single-dose prefilled disposable syringes.*

Single-Dose Premixed Plastic Containers: *300 mg. in 50 mL. of 0.9% Sodium Chloride in single-dose plastic containers, in packages of 4 units. No preservative has been added.*

Exposure of the premixed product to excessive heat should be avoided. It is recommended the product be stored at controlled room temperature. Brief exposure up to 40°C does not adversely affect the premixed product.

ADD-Vantage®* Vials: *300 mg./2 mL. in single-dose ADD-Vantage® Vials, in packages of 25.*

'Tagamet' HCl (brand of cimetidine hydrochloride) injection premixed in single-dose plastic containers is manufactured for SK&F Lab Co. by Baxter Healthcare Corporation, Deerfield, IL 60015.

**ADD-Vantage® is a trademark of Abbott Laboratories.*

BRS-TG:L78B *Date of issuance Aug. 1988*

SK&F LAB CO., *Cidra, P.R. 00639*

Another night undisturbed by ulcer pain

The Promise... 'Tagamet' helps ulcer patients feel better fast.

The Proof... 80% of patients with duodenal ulcer, and 77% with gastric ulcer...even smokers, get pain relief with their first dose of 'Tagamet' 800 mg. h.s. That's effectiveness. That's fast relief.

For fast relief, rapid healing, effective prevention of duodenal ulcer recurrence, the longest record of safety and unmatched value, there's nothing like the one that's...

First available, First in experience...First to Heal™

Tagamet
brand of cimetidine
First to Heal™

Before prescribing, please see brief summary of prescribing information on adjacent page.

American College of Physicians
70th Annual Session
Pre-Session Courses: Taking Control of Developments in Medicine

- **Clinical Decision Analysis in Practice: An Intermediate Course**
- **Critical Care Medicine: 1989**
- **Important Topics in Infectious Diseases**

Clinical Decision Analysis in Practice: An Intermediate Course

Tuesday, April 11, and Wednesday, April 12
Meridien Hotel, Sauternes II

This 2-day course is designed for physicians with some familiarity with clinical decision analysis who desire to hone their skills. Both lectures and small-group sessions will review basic principles, including design of decision trees; calculation of expected utilities; sensitivity analysis; use of Bayes rule; and interpretation of analytic results. More advanced topics will also be addressed, including: receiver-operator curve (ROC) analysis; Markov state-transition models of prognosis; estimation of life expectancy; acquisition of utilities from patients; risk analysis; and cost-effectiveness analysis.

Participants will have access to micro-computers and appropriate software during the small group-sessions and will actually design and analyze a decision problem themselves. In one "tree clinic" session, participants will criticize and modify decision models developed by other clinicians or their colleagues in the course.

Director:
Stephen G. Pauker, FACP, Professor of Medicine, Tufts University School of Medicine; Chief, Division of Clinical Decision Making, New England Medical Center, Boston

Faculty:
Mark Eckman, ACP Member, Assistant Professor of Medicine, Tufts University School of Medicine; Division of Medical Information Sciences, New England Medical Center, Boston
Jerome P. Kassirer, FACP, Sarah Murray Jordan Professor and Associate Chairman, Department of Medicine, Tufts University School of Medicine, Boston
Frank Sonnenberg, ACP Member, Assistant Professor of Medicine, Tufts University School of Medicine; Division of Medical Information Sciences, New England Medical Center, Boston
John Wong, ACP Associate, Assistant Professor of Medicine, Tufts University School of Medicine; Division of Clinical Decision Making, New England Medical Center, Boston

Critical Care Medicine: 1989

Tuesday, April 11, and Wednesday, April 12
Fairmont Hotel, Grand Ballroom

This 2-day course will provide an overview of critical care medicine. Diagnosis and new concepts in disease management will be discussed. Specific areas to be covered include new modes of mechanical ventilation and an update on the adult respiratory distress syndrome, management of life-threatening infections, infection control and new antibiotics in the intensive care unit, head trauma and spinal cord injury, management of sepsis, management of status asthmaticus and status epilecticus, AIDS in the intensive care unit, withholding and withdrawing life support, nutrition, endocrine crises, management of cardiogenic shock and cardiac arrhythmias, and treatment of acute bleeding disorders.

Director:
Thomas A. Raffin, FACP, Assistant Chief and Associate Professor of Medicine, (Acting Chief, Division of Respiratory Medicine), Stanford University School of Medicine, Stanford

Faculty:
Frank B. Cerra, MD, Professor of Surgery, Director of Critical Care and Metabolic Support Services, University of Minnesota School of Medicine, Minneapolis
Lawrence Crapo, FACP, Chief of Endocrinology, Santa Clara Valley Medical Center; Assistant Professor of Medicine, Division of Gerontology and Endocrinology, Stanford University School of Medicine, Stanford
Steven R. Duncan, MD, Assistant Professor of Medicine (Respiratory), Stanford University School of Medicine, Stanford
Michael B. Fowler, MRCP, Assistant Professor of Medicine (Cardiology), Stanford University School of Medicine, Stanford
Philip C. Hopewell, MD, Professor of Medicine (Pulmonary), University of California, San Francisco; Associate Chief, Medical Service, San Francisco General Hospital, San Francisco
Judith A. Luce, MD, Assistant Clinical Professor of Medicine, Chief, In-Patient Oncology Service, University of California, San Francisco; San Francisco General Hospital, San Francisco
Dennis G. Maki, FACP, Professor of Medicine, Head, Section of Infectious Diseases, University of Wisconsin School of Medicine, Madison

Michael A. Matthay, FACP, Associate Professor of Medicine, Associate Director of Intensive Care, University of California, San Francisco
Mark C. Rogers, MD, Professor and Chairman, Department of Anesthesiology and Critical Care Medicine, Johns Hopkins School of Medicine, Baltimore
Lowell Young, FACP, Director of Kuzell Institute for Arthritis and Infectious Diseases; Chief, Division of Infectious Diseases, San Francisco

Important Topics in Infectious Diseases

Tuesday, April 11, and Wednesday, April 12
Meridien Hotel, Cabernet Ballroom

The latest insights on infectious diseases and modes of treatment will be presented. Topics of discussion will include a review of infectious diseases, updates and panel discussions on viral and fungal chemotherapy, urinary tract infections, gonorrhea and chlamydial infections, newer diseases and antibiotics and gram-negative sepsis. Discussions of AIDS and HIV infections will include the evolution of the epidemic, epidemiology, pathophysiology of HIV infection, antiviral therapy, malignant complications, opportunistic infections, and *Pneumocystis carinii* pneumonia.

Directors:
Donald Kaye, FACP, Professor and Chairman, Department of Medicine, The Medical College of Pennsylvania, Philadelphia
Merle A. Sande, FACP, Professor and Vice Chairman of Medicine, University of California, San Francisco, School of Medicine; Chief, Medical Service, San Francisco General Hospital, San Francisco

Faculty:
Thomas Cesario, FACP, Professor of Medicine, University of California, Irvine; California College of Medicine, Irvine
Richard E. Chaisson, MD, Assistant Professor of Medicine and Epidemiology, Johns Hopkins School of Medicine, Hygiene and Public Health, Baltimore
W. Lawrence Drew, MD, Associate Professor of Medicine and Laboratory Medicine, University of California, San Francisco School of Medicine; Director, Division of Microbiology and Infectious Diseases, Mount Zion Hospital and Medical Center, San Francisco
John E. Edwards, Jr., MD, Chief, Division of Infectious Diseases, Harbor-UCLA Medical Center, Torrance; Professor of Medicine, University of California, Los Angeles, School of Medicine, Los Angeles
Margaret A. Fischl, FACP, Associate Professor of Medicine, Director, Comprehensive AIDS Program, University of Miami School of Medicine, Miami
Julie L. Gerberding, MD, Assistant Professor of Medicine, University of California, San Francisco, School of Medicine, San Francisco
Martin S. Hirsch, MD, Professor of Medicine, Harvard Medical School; Massachusetts General Hospital, Boston
Philip C. Hopewell, MD, Professor of Medicine, University of California, San Francisco, School of Medicine, San Francisco
Harold W. Jaffe, MD, Chief, Epidemiology Section, AIDS Activity, Center for Infectious Diseases, Centers for Disease Control, Atlanta
James H. Leech, MD, Assistant Professor, Department of Medicine, University of California, San Francisco, School of Medicine, San Francisco
Alexandra M. Levine, FACP, Professor of Medicine and Executive Associate Dean, University of Southern California School of Medicine, Los Angeles
Jay A. Levy, MD, Professor of Medicine, Research Associate, Cancer Research Institute, University of California, San Francisco, School of Medicine, San Francisco
Gerald L. Mandell, FACP, Professor of Medicine, University of Virginia Medical School, Charlottesville
Michael F. Rein, FACP, Associate Professor of Medicine, University of Virginia Medical School, Charlottesville
Richard K. Root, FACP, Professor and Chairman, Department of Medicine, University of California, San Francisco, School of Medicine, San Francisco
Walter Stamm, FACP, Professor of Medicine, University of Washington Medical School, Seattle
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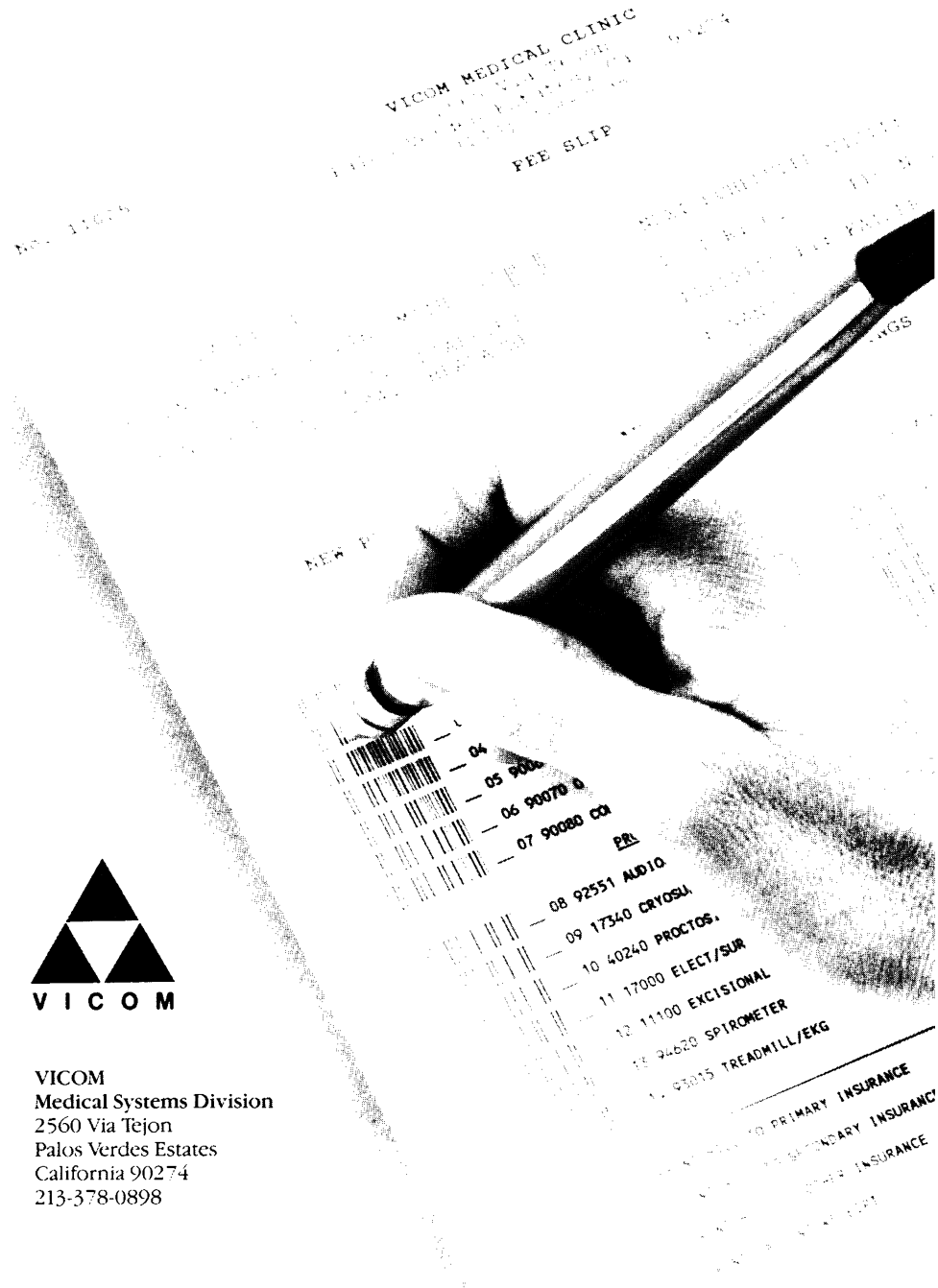

MediScan is a revolutionary new bar code entry system for patient billings. With just a few quick strokes of a light pen, all patient treatment charges are entered into the billing system. Electronic claims submission or patient invoices are then automatically generated in batch or individual billing modes. When you think of the savings in office staff time, it really is a stroke of genius!

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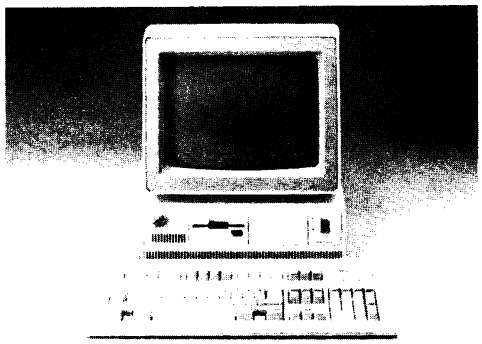

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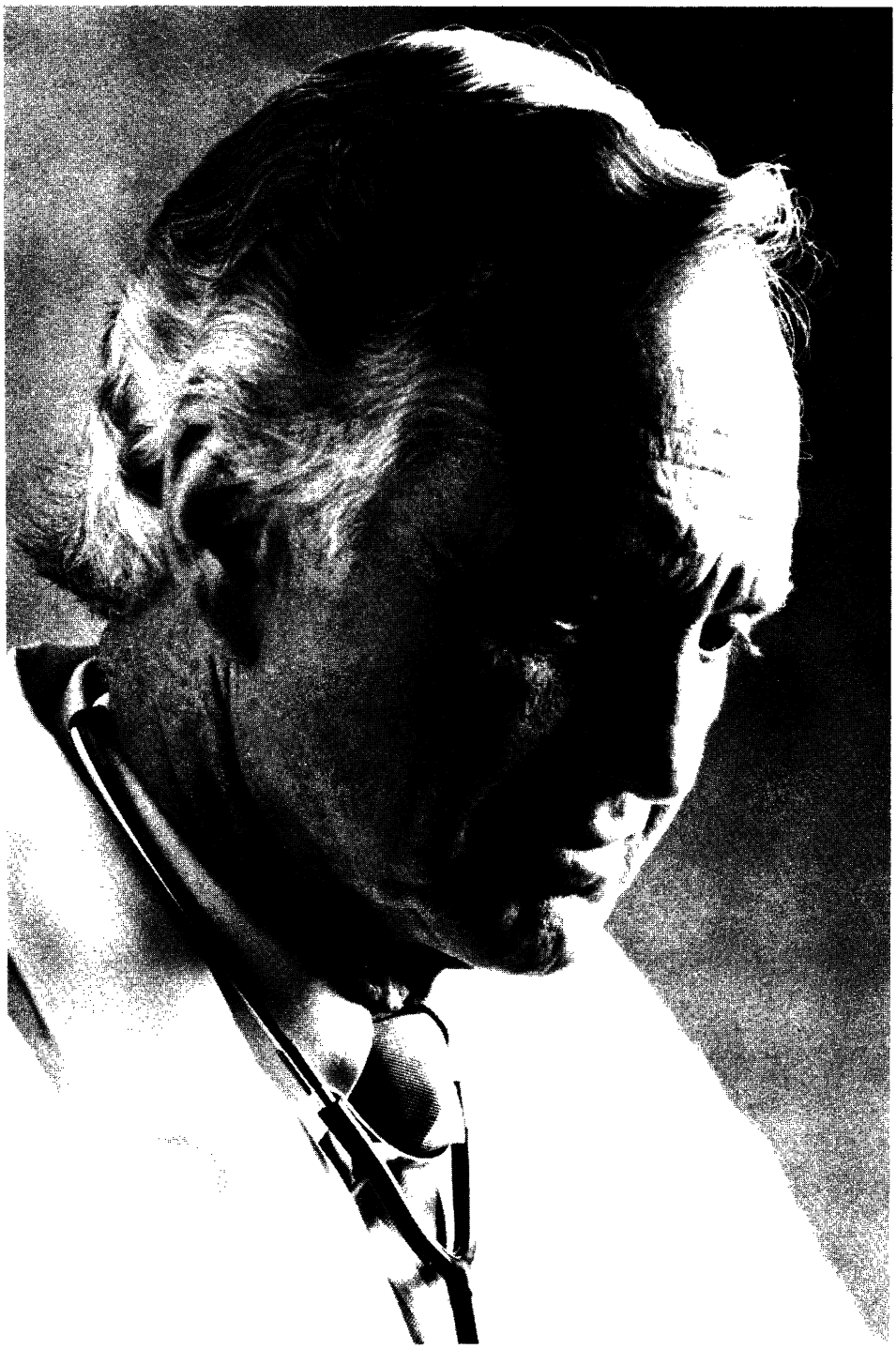

Few things elicit feelings of depression, rage, helplessness and exasperation as thoroughly as receiving suit papers for a malpractice claim. This physician suffered just such an unpleasant experience... but his odds of winning were better than most. Why? Because his professional liability insurance carrier is Insurance Corporation of America.

The circumstances of this claim could occur and have occurred in operating rooms and doctors' offices everywhere. A routine surgical procedure went sour when, for no apparent reason, the patient suffered a cardiac arrest. Prompt and proper attempts at resuscitation failed. Our physician was sued along with other

surgeons in the operating room, the primary care physician, the anesthesiologist and the hospital.

Subsequent to surgery, it was determined the patient had arrested as a result of an allergic reaction to the anesthesia. Unlike other carriers involved, who settled quickly to avoid costly "death incident" litigation, ICA recognized our physician was not at fault. Fortunately for him, ICA is dedicated to the strongest claims defense possible. And because ICA also understands that a doctor's most valuable asset is his reputation, protecting it becomes *our* bottom line.

So ICA and the doctor fought alone — and at ICA's expense. ICA in-house attorneys screened and selected local defense attorneys skilled in malpractice cases and familiar with the judicial climate of the region. Then, they planned strategy, investigated the facts, and monitored the defense.

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What does this mean to the doctor? He leaves the courtroom with his reputation, his policy limits and his checkbook intact, all because of his partnership with ICA, where we put reputation, principles and dignity ahead of the quick fix. The reason why? Because ICA is people who *care*. Period.

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FAMILY PRACTITIONER, JUNEAU, ALASKA. Busy four physician Family Practice group (including OB) seeks replacement for partner departing fall 1988. Located in Alaska's capital city in the Tongass National Forest, offering year 'round recreation including skiing, boating, and hiking. Guaranteed salary with excellent fringe benefits and opportunity for partnership within one year. Send CV to Sarah A. Isto, MD, Valley Medical Care, Inc, 9309 Glacier Hwy, B-301, Juneau, AK 99801; (907) 789-3181.

URGENT — FAMILY PRACTICE / GENERAL PRACTICE Physicians needed for excellent solo and group opportunities across the U.S. For information, call (602) 990-8080; or send CV in confidence to Mitchell & Associates, Inc, PO Box 1804, Scottsdale, AZ 85252.

NORTH IDAHO. Family Physician needed to join four physician group. College and two state universities within the locality. Area provides abundant outdoor recreational opportunities. Send CV to Clearwater Medical Clinic, 1522 17th St, Lewiston, ID 83501.

SAN FRANCISCO BAY AREA. Full-time career Emergency Physician wanted for a high volume Emergency Department, 30 minutes south of San Francisco. Emergency Medicine BC/BE mandatory; prefer experienced. Congenial, democratic group of 20 full-time physicians doing some follow-up and minimal overnights. Competitive salary with excellent benefits including three-five weeks paid vacation; seven paid holidays; malpractice, medical, dental and disability insurance; corporate shareholder in three years. Send CV or contact Drew Baker, MD, Kaiser Permanente Medical Center, 27400 Hesperian Blvd, Hayward, CA 94545; (415) 784-4521.

OREGON COAST. BC/BE Family Practice Physician to join four Family Practitioners in multispecialty group. Full spectrum of Family Practice, optional OB. New clinic near hospital. Contact Mrs Jackie Crowder, 1900 Woodland Dr, Coos Bay, OR 97420; (503) 267-5151, ext 294, or 1 (800) 234-1231.

ARIZONA-BASED PHYSICIAN recruiting firm has opportunities coast-to-coast. "Quality Physicians for Quality Clients since 1972." Call (602) 990-8080; or send CV to Mitchell & Associates, Inc, PO Box 1804, Scottsdale, AZ 85252.

PHYSICIANS WANTED

JOB OPENING—A rural hospital in southern Utah is seeking the services of an Internal Medicine Specialist to establish practice in the immediate area. This person would be expected to diagnose and treat disease and injury of human internal organ systems, and examine patients for symptoms of organic or congenital disorders and determine nature and extent of injury or disorder using diagnostic aids. This person would also serve as the Medical Director of the hospital's Intensive Care/ Coronary Care Unit. Minimum requirements are a medical degree and completion of an Internal Medicine residency. Hospital will provide office space at no charge for the period of one year. Salary will be $60,000 per year. The position is open immediately and would normally be 40 hours per week, although some call will be expected, particularly in the Intensive Care Unit, and the physician may be asked to work in hospital's emergency room. For further information please contact Utah Job Service, Cedar City Office, 160 E. 200 N., Cedar City, UT 84720; (801) 586-6585, J.O.#0592604.

DERMATOLOGIST. Visalia Medical Clinic has an opening for a BC/BE Dermatologist now staffed by one physician who has been with the Clinic for 15 years. Located in the San Joaquin Valley in central California and population approximately 350,000. Progressive city of 62,000, near national parks and the ocean. Compensation is incentive oriented with advancement to full partnership after one year. Excellent fringe benefits. If interested, CV to John G. Heinsohn, Administrator, 5400 W. Hillsdale, Visalia, CA 93291; (209) 733-5222.

INTERNIST. The Visalia Medical Clinic has an opening for a BC/BE General Internist. The Clinic is a 43 physician multispecialty group located in the San Joaquin Valley and central California. Medicine Department consists of five General Internists, along with subspecialties in Cardiology, Endocrinology, Gastroenterology, Medical Oncology and Hematology, Pulmonary Medicine, and also Neurology. Visalia is a progressive city of 65,000 people, near national parks and the ocean. Compensation is incentive oriented with advancement to full partnership after one year. Excellent fringe benefits. If interested, CV to John G. Heinsohn, Administrator, or Robert A. Havard, Jr, MD, Dept of Internal Medicine, 5400 W. Hillsdale, Visalia, CA 93291; (209) 733-5222.

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CENTRAL CALIFORNIA. Join our team of Family Practice Physicians in a community health clinic setting near Fresno, California. We offer a contract arrangement with competitive salaries and benefits, malpractice paid. We are affiliated with the UC San Francisco teaching program. Central California has Yosemite National Park, excellent family recreation, low housing costs, with both urban and rural lifestyles. Contact Dr Donn Cobb, Health Officer, Fresno County Department of Health, PO Box 11867, Fresno, CA 93775; (209) 445-3202.

NEUROLOGIST. Medical-legal evaluations for traumatic injury patients. California license required. Lucrative fee-for-service with high growth potential. Contact Director, PO Box 14046, San Francisco, CA 94114.

ORTHOPEDIST. One day per week. Medical-legal evaluations for traumatic injury patients. No surgery. California license required. Lucrative fee-for-service with high growth potential and guaranteed base. Contact Director, PO Box 14046, San Francisco, CA 94114.

NEW MEXICO. Physicians to share management of general and orthopaedic surgical patients with BC specialists in U.S. Government hospital serving native Americans. Competitive salary and generous fringe benefits. Opportunity to learn, broaden professional capabilities, and enjoy Southwest. Contact E. K. Mehne, MD, Gallup Indian Medical Center, Gallup, NM 87301; (505) 722-1210.

WASHINGTON. General Internist BC/BE to join established Internist in satellite clinic 10 miles from main clinic across state line in Oregon. Main clinic is composed of 32 physician multispecialty group. Guaranteed income, plus excellent benefits. Send CV to Search Committee, Walla Walla Clinic, 55 W. Tietan, Walla Walla, WA 99362.

(Continued on Page 248)

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PHYSICIANS WANTED

MEDICAL DIRECTOR
SOUTHERN CALIFORNIA

Rapidly expanding 10-physician multispecialty group in new 15,000 square foot medical office seeks experienced medical director with BC in primary care or surgical specialty, strong HMO, UR, and committee background. Clinical 75%, administrative 25%. Strong administrative support, well financed, FFS and HMO. Competitive salary, stipend, benefits, profit sharing, and early equity. Call or forward CV to:

Dr Gary L. Groves, Pres.
Pacific Physician Services
Medical Group Network
12 N. Fifth St
Redlands, CA 92373
(714) 825-4401

EUGENE, OREGON. Family Physicians, BE/BC, sought to join growing 36 physician Family Practice/Internal Medicine group in Eugene and nearby rural Cottage Grove. OB optional. Excellent OB support available. Initial income guarantee with incentive. Partnership anticipated after two years. Outstanding schools. Abundant cultural and recreational opportunities. Please send CV or call Rob Daugherty, MD, Oregon Medical Group, 78-A Centennial Loop, Eugene, OR 97401; (503) 688-9140.

CALIFORNIA, NORTHERN. A stable group of four ABEM certified/eligible MDs at coastal hospital of 24,000 patient visits would like two new associates. Income $60-$75 per hour. Will consider Family Practice but prefer Emergency Department trained Emergency Physician. Coastal paradise near redwood national parks, minutes from Klammath, Rouge, and Smith Rivers. Video tape of area available. Send CV to EPMG, 120 Montgomery St, Ste 1825, San Francisco, CA 94104.

WOFFORD HEIGHTS (FAMILY PRACTICE). Fantastic opportunity for the right physician! New 7,000 square foot multispecialty clinic opening in January 1989. Located in the beautiful mountain lakeside resort community of Wofford Heights, California, an hour east of Bakersfield, this facility will have office and exam space for four physicians. Included will be a pharmacy, full lab, x-ray services. Excellent salary and benefit package. No investment by the physician. Malpractice paid in full. This is a rare opportunity to combine a very attractive lifestyle and an excellent practice opportunity. We are seeking to contract four physicians now. Call George Johnston, (805) 845-3731 for details or write PO Box 457, Lamont, CA 93241.

PULMONOLOGIST. Pulmonologist wanted as associate in very busy Pulmonary/Critical Care practice in Kern County, California. Practice is 100 percent Pulmonary/Critical Care and includes Pulmonary Consultation, Pulmonary Physiology Laboratory, Pulmonary Rehabilitation, Respiratory Care, state-of-the-art Sleep Lab available. Excellent opportunity for BC/BE Pulmonologist looking for potential partnership. Those interested please send CV and inquiries to Dale T. Herriott, MD, Inc, 2525 Eye St, Ste 2B, Bakersfield, CA 93301.

PHYSICIANS WANTED

GENERAL PRACTICE. Busy medical center needs full-time physicians for urgent appointments. Significant evening and weekend hours. Abundant free time with no on-call responsibility. Excellent benefits and retirement program. Kaiser Permanente, Santa Teresa Hospital, 250 Hospital Parkway, San Jose, CA 95119; (408) 972-6180.

WE HAVE FULL- AND PART-TIME LOCUM TENENS opportunities available in all specialties with guaranteed incomes and paid malpractice. For more information, contact John Smith, Locum Tenens, Inc (A Division of Jackson and Coker), 400 Perimeter Center Terrace, Ste 760 WJM9, Atlanta, GA 30346; telephone 1 (800) 544-1987.

IDAHO. Opportunity for high quality of life, low cost of living in beautiful Idaho—sunbelt of the Pacific Northwest. Join Family Practice teams at one of six multi-site Community/Migrant Health Centers providing primary care to rural communities. Outstanding four-season recreation, malpractice insurance paid, generous continuing education, competitive salary and benefits, loan repayment potential, and opportunity to provide OB services. Send résumé to Dean Hungerford, Idaho Primary Care Association, PO Box 6756, Boise, ID 83707; or call (208) 345-2335.

SAN JOSE, CALIFORNIA. Pre-paid medical group (HMO) looking for dynamic BE/BC residency trained Family Physician. Extensive fringe benefits, including malpractice coverage. Immediately available opening. Send CV to James Conroy, MD, The Permanente Medical Group, Inc, 260 International Cir, San Jose, CA 95119; or call (408) 972-6339.

NAPA VALLEY, CALIFORNIA—KAISER PERMANENTE. Well-trained Family Practitioner needed to join a small clinic and provide high quality, personalized care to our patients. Busy office and hospital practice but regular hours. Contact Ernest Arras, MD, 3284 Jefferson, Napa, CA 94558; or call (707) 252-5819.

INTERNIST BE/BC to join growing practice in Tacoma, Washington. Practice is oriented to women's health issues. Women encouraged to apply. Send CV to PO Box 2122, Gig Harbor, WA 98335; (206) 858-8686 evenings.

NORTHERN CALIFORNIA. Family Practice opportunity with Community Health Center. Modesto location. Salary plus incentive program. Spanish fluency desirable. Contact Michael Sullivan, Executive Director, Merced Family Health Centers, Inc, PO Box 858, Merced, CA 95341; (209) 383-1848.

ONCOLOGIST BC/BE to join multispecialty group near San Francisco. Excellent fringe benefits. Send CV to Dr Gary L. Hillman, Chief of Medicine, The Permanente Medical Group, 1150 Veterans Blvd, Redwood City, CA 94063. EEO/AA.

GENERAL INTERNIST BC/BE to join multispecialty group near San Francisco. Excellent fringe benefits. Send CV to Dr Gary L. Hillman, Chief of Medicine, The Permanente Medical Group, 1150 Veterans Blvd, Redwood City, CA 94063. EEO/AA.

CALIFORNIA, SONORA. Staff Physician position available in 11-12,000 visit ER in quaint, historic, growing gold country community with fantastic recreational opportunities, one hour from Yosemite. Excellent opportunity in an academic and democratic group. Send CV to Art B. Wong, MD, FACEP, EPMG, 120 Montgomery St, Ste 1825, San Francisco, CA 94104.

WESTERN WASHINGTON. Otolaryngologist with ENT-Allergy. Sea-ski-golf-fish-hunt-garden etc. Mild climate, good schools, low crime, good location, smaller community, large drawing area. Excellent hospital. Will work with you to help establish. Well equipped office, good crew. Reply to Number 135, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

PHYSICIANS WANTED

Physicians wanted for leading clinic

Prestigious Chicago-based clinic group specializing in the treatment of venous disorders is expanding nationally. Our newest clinics in Los Angeles, San Diego and San Francisco are in need of physicians trained in internal medicine—or who have a broad base of medical experience. We will provide complete training in the latest proprietary techniques of treating venous disorders. We offer a six figure salary and bonus potential, along with malpractice insurance and health benefits. And since there are no weekend hours and a 40-hour work week, you will have plenty of leisure time. You won't have to worry about soliciting for patients or fighting insurance companies.

This is an outstanding opportunity for professional and financial advancement. If you are motivated to build a rewarding practice with the leader in the treatment of venous disorders, send your resume to:

Medical Director
Vein Clinics of America
2340 S. Arlington Heights Road
Arlington Heights, Illinois 60005

GASTROENTEROLOGIST BC/BE to join multispecialty group near San Francisco. Excellent fringe benefits. Send CV to Dr Gary L. Hillman, Chief of Medicine, The Permanente Medical Group, 1150 Veterans Blvd, Redwood City, CA 94063. EEO/AA.

FAMILY PRACTICE, PHOENIX, ARIZONA. BC/BE, private practice, no OB. In-office lab and x-ray. Growing area, southwestern life-style at its best. Located across from modern, full-service hospital. Call (602) 846-7500 or résumé to Westside Family Practice, 5251 W. Campbell Ave, #105, Phoenix, AZ 85031.

INTERNAL MEDICINE DEPARTMENT CHAIRMAN. Maricopa Medical Center of Phoenix, Arizona, is seeking a chairman for its Department of Internal Medicine. We seek a well-qualified individual with recognized credentials in medical education, patient care, and research. Vigorous leadership abilities are required. Duties will include active supervision of the residency and fellowship training programs. The candidate must be BC in Internal Medicine. Maricopa Medical Center is an Equal Opportunity Employer. Those interested should submit inquiries and CV to J. Kipp Charlton, MD, Chairman, Medicine Chairman Search Committee, Maricopa Medical Center, PO Box 5099, Phoenix, AZ 85010.

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PHYSICIANS WANTED

Western States OPENINGS

Many multispecialty groups and hospitals have asked us to recruit for over 300 positions of various specialties. Both permanent and locum tenens. Send CV to:
Western States Physician Services,
5414 E. Montecito, Fresno, CA 93727.
Or call (209) 252-3047.

NEUROLOGIST BC/BE. Needed to join rapidly expanding multispecialty group practice in Reno, Nevada (population 350,000). Fee-for-service and pre-paid health care. EEG, EMG, and general Neurology practice with active clinic and hospital bases. Excellent compensation and benefits package including stock options, paid malpractice, and relocation expenses. Interested individuals should submit a CV in confidence to Southwest Medical Associates, PO Box 15645, Las Vegas, NV 89114-5645, Attn: Janet R. McGee, Manager, Physician Recruitment.

SAN FRANCISCO BAY AREA. Medium-sized multispecialty group practice is seeking a BC/BE Internist to join nine physician Internal Medicine department. Located in the mid-peninsula area adjacent to a 430-bed community hospital and seven miles from Stanford University Medical Center. Competitive salary, incentive plan, and excellent benefits. Opportunity for early partnership. Reply to Number 139, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

PRIMARY CARE INTERNIST OR FAMILY PRACTITIONER—BC/BE to join busy expanding fee-for-service/HMO practice in Thousand Oaks, attractive city of 100,000 in Ventura County. Competitive salary and benefits with eventual optional partnership. CV to Sterling Piepgrass, MD, 1400 W. Hillcrest Dr, Newbury Park, CA 91320; (805) 499-1937. Immediate opening.

OREGON. General Internist (BC/BE) sought for busy practice. 10 member multispecialty group. Beautiful rural community. Send CV to Administrator, 420 E. Fifth St, McMinnville, OR 97128; (503) 471-6161.

ORTHOPAEDIST
Southern California

Orthopaedic Surgeon (Board certified preferred) needed for lucrative, expanding medical practice in Los Angeles area specializing in Worker's Compensation. California license needed as of starting date.

Primarily office practice. Light elective surgical schedule can be limited to arthroscopies.

Virtually no call, evenings or weekends.

Excellent starting salary with possible partnership in less than one year.

Send letter and CV to:

Department WJO
8306 Wilshire Blvd, #7727
Beverly Hills, CA 90211

PHYSICIANS WANTED

EXCELLENT OPPORTUNITY IN SOUTHERN CALIFORNIA
GENERAL SURGEON
EQUITY IN ONE YEAR

Prestigious Orange County based General Surgeon looking for motivated teamplayer who welcomes the opportunity of joining a rewarding, prosperous private practice with state-of-the-art technology.

Excellent suburban environment to raise a family, located in an area of rolling hills, snow-capped mountain views, and horse riding trails. Adjacent to the hospital, free from urban stress, superior schools, beautiful homes attractively priced, and active community involvement.

The position offers an excellent salary, bonus potential, health benefits, and CME.

This is an outstanding opportunity for a BC/BE General Surgeon who is interested in building a solid career in private medical practice. Please send CV or contact:

DAR & Associates Physician Recruiters
250 N. Robertson Blvd, Ste 405
Beverly Hills, CA 90211
1 (800) 922-7PHY
(213) 277-7331

AMBULATORY CARE PHYSICIAN. Veterans Administration Medical Center, Salt Lake City, Utah. Duties include resident supervision and clinical coverage in Admitting/Emergency Care Unit, participation in teaching, research, and administrative functions. Faculty appointment at University of Utah School of Medicine. Position available immediately. Phone (801) 582-1565, ext 1405, or send CV to Nathan Schafer, MD, AO/ECU (11B), VAMC, 500 Foothill, Salt Lake City, UT 84148.

SAN FRANCISCO. Outstanding opportunity for BC/BE Internist, Family Practitioner, OB/GYN, Oncologist, or Infectious Disease Specialist at 260-bed community hospital in the rapidly growing South of Market area. Excellent opportunity to build or join busy practices. Competitive salary and benefits package. Send CV to Walter Kopp, St Luke's Hospital, 3555 Army St, San Francisco, CA 94110; (415) 641-6543.

CHIEF OF MEDICAL STAFF, HUMBOLDT STATE UNIVERSITY STUDENT HEALTH CENTER. Working under a non-medical Director, the Chief supervises a full outpatient clinic staffed by three MDs, three NPs, and auxiliary staff for approximately 7,000 students. The position is 30 percent medical administration and 70 percent primary care. It pays $65,000/75,000 per year and is a non-tenured management position. Requires Board certification, MD degree, California license, and three years of progressively responsible experience in the practice of medicine. Prefer two years of medical administrative experience. Women and minorities encouraged to apply. For full announcement write Personnel Office, HSU, Arcata, CA 95521.

PACIFIC NORTHWEST—INTERNIST. There are three busy solo Internists, practicing near our 155-bed hospital in Tacoma, Washington, who are seeking associates. They prefer candidates with interest in Geriatrics. Send your CV to Manager, Professional Relations, Humana Inc, Dept HH-2, 500 W. Main St, Louisville, KY 40201-1438; or call toll-free 1 (800) 626-1590.

FAMILY PRACTICE—SOUTHERN CALIFORNIA. Position available in two physician practice. Rapidly growing area in Fallbrook, one half hour from San Diego. Ideal, close to hospital. Quiet, beautiful setting, near ocean. Contact Thomas Carter, (619) 723-5438.

FAMILY PRACTICE—CENTRAL IDAHO. BC/BE to join hospital managed practice. Salary guarantee plus incentive. All expenses of the practice are paid by the hospital. Low-key practice with boundless recreational opportunities available. Contact John Hull, Administrator, St Mary's Hospital, Box 137, Cottonwood, ID 83522; (208) 962-3251.

SURGEON. Medium-sized multispecialty group practice in San Francisco bay area is seeking a BC/BE General/Vascular Surgeon. Located in the mid-peninsula area adjacent to a 430-bed community hospital and seven miles from Stanford University Medical Center. Competitive salary, incentive plan, and excellent benefits. Opportunity for early partnership. Reply to Number 140, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

OCCUPATIONAL / INDUSTRIAL PHYSICIAN needed now to join staff of busy, successful Industrial Medical Clinic located in the growing Santa Maria Valley. Mild climate on central California coast. Malpractice covered. Income negotiable, to be based on minimum guarantee with profit sharing incentive. Prefer experienced Occupational/Industrial Physician. Will consider Family Practice or Emergency Medicine background. Current clinic hours Monday to Friday 7:30-5:30. Send CV to R. D. Shaw, MD, c/o Industrial Medical Group, 3130 Skyway Dr, Ste 702, Santa Maria, CA 93455; (805) 922-8282.

R2, R3 POSITIONS, INTERNAL MEDICINE, LDS HOSPITAL, SALT LAKE CITY, UTAH

An additional R2 position and R3 position are now open in the Internal Medicine Residency Program at LDS Hospital. LDS Hospital is a 520-bed fully accredited teaching hospital affiliated with the University of Utah Medical Center. This is an excellent opportunity for talented individuals to experience a high quality Internal Medicine program in beautiful Salt Lake City, Utah. Positions available July 1, 1989. Write or contact Shauna Bruun, House Staff Coordinator, LDS Hospital, Eighth Ave and C St, Salt Lake City, UT 84143; (801) 321-1077. Equal Opportunity Employer.

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FAMILY PHYSICIAN—SAN DIEGO

Well-established (40 years) three Family Practitioner group seeks Family Practitioner to replace retiring associate. Attractive salary plus incentives. Possibility of partnership after two years. Well-rounded Family Practice—Pediatrics to Geriatrics. Send CV to **Gordon Lillie, MD, 7043 University Ave, La Mesa, CA 92041.**

OREGON COAST. Busy fee-for-service multispecialty group looking for additional Internist and Family Practitioner including OB to work with two Internists and three Family Practice Physicians. Well-equipped clinic next to 34-bed hospital with eight ICU/CCU beds and two new birthing rooms. Top-notch school system and just 75 miles to Portland. Send CV or call Rick Bigger at North Coast Medical Center, PC, 727 Wahanna Rd, Seaside, OR 97138; (503) 738-9551.

WANTED. BC/BE Internist or Family Practitioner to join three man, well-established primary care group in San Francisco. Excellent opportunity, early partnership. Call or write John Pierce, MD, 3620 Army St, San Francisco, CA 94110; (415) 826-7575.

SUN VALLEY, IDAHO. Diagnostic Radiologist for Mountain Resort Hospitals needed to join one other. Experienced in General Diagnostic, Orthopedic, US and Doppler, NM, and CT. Contact R. Dennis Davis, MD, Box 242, Sun Valley, ID 83353, or phone (208) 622-3323, ext 165.

BC/BE INTERNIST. In northern California wine country. Join two man group in private practice of Internal Medicine. Subspecialty interest OK. Reply to Number 138, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

NORTHERN CALIFORNIA SIERRA FOOTHILLS. Vascular/General Surgeon BC/BE to join established Surgical group. Send CV to Number 137, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

FAMILY PRACTITIONERS AND INTERNISTS needed part-time for staffing ambulatory care clinic. Our clinic operates seven days a week during days and evenings and provides episodic care on a same-day basis. Our patients are from a growing Sacramento community with good cost of living. Physicians may choose to work one to 10 half-days or evenings per week with wide flexibility. Full benefits and retirement if working six or more half-days a week on a steady basis. We are a successful, stable medical group experiencing robust growth. Please call John Petitt, MD, (916) 973-5560 or send CV to John Petitt, MD, The Permanente Medical Group, Inc, 3240 Arden Way, Sacramento, CA 95825.

INTERNAL MEDICINE. BC female Internist with successful established practice in the San Gabriel Valley of southern California seeks BC/BE energetic, imaginative Internist as associate. No investment. Guaranteed salary plus. Send CV/letter to SGHS, PO Box 2114, San Gabriel, CA 91778.

CARDIOLOGIST, NONINVASIVE OR INVASIVE. BC/BE to join busy solo Invasive Cardiologist in San Jose, California. Excellent benefits and early partnership opportunity for motivated Cardiologist. Expertise required in echo Doppler, stress testing, Swan-Ganz and pacemaker insertion. San Jose is located 50 miles south of San Francisco, close to numerous cultural and recreational opportunities. Please send CV to Number 136, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

LAGUNA BEACH, CALIFORNIA. BE/BC Internist to join three established primary care Internists. Immediate opening in private practice association. Send CV to Paul H. Prewitt, MD, Ste 204, 31862 Coast Hwy, Laguna Beach, CA 92677.

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GENERAL INTERNIST (subspecialty training preferred) to join five man Internal Medicine group practice in the south San Francisco bay area (San Jose). Take over quality, well-established primary care practice made available through retirement. Can be financed. Income guarantee first two years. Early partnership potential. Excellent growth opportunity for entrepreneurial minded physician. Affiliation with modern 525-bed urban hospital with full range of specialty services. Send CV and references to David Wright, Vice President of Physician Services, San Jose Medical Center, 675 E. Santa Clara St, San Jose, CA 95112.

FAMILY PRACTICE, PUGET SOUND. 27 physician multispecialty group is seeking Family Practitioner. Our facility has in-house lab and x-ray facilities and is conveniently located one block from Level III hospital. Attractive salary and benefits; partnership opportunity. Send CV to Carol Larsen, Acting Director, c/o The Western Clinic, PO Box 5467, Tacoma, WA 98405.

VENTURA (VENTURA COUNTY). Multispecialty group of 42 physicians has an opening for a BC/BE Internist/Pulmonologist. This growth oriented group is located on the California coast, 60 miles north of Los Angeles. Guaranteed salary plus incentives. Excellent benefits. City is a great place to raise a family in a clean environment. Send résumés to Recruitment, Internist/Pulmonologist, 2705 Loma Vista Rd, Ventura, CA 93003.

SOUTHERN CALIFORNIA. Wanted BC Family Practice/Internal Medicine/Emergency Room Physician to join busy two man practice. Liberal salary/benefits. Great opportunity in beautiful recreational community. Call or send CV to Dr Bradley C. Grant, 17037 Lakeshore Dr, Lake Elsinore, CA 92330; (714) 674-6971.

BC/BE GENERAL INTERNISTS needed for multispecialty group in Sacramento, California. We are an established Department of Medicine with close university affiliation. Pleasant practice setting where physicians are free to practice the highest quality medicine with full access to diagnostic, therapeutic, and consultative services. Our patients are from a growing Sacramento community with a good cost of living. Our hospital provides a substantial part of University of California Davis residency training program. Excellent in-house continuing medical education program. We are a successful, stable medical group experiencing robust growth. Outstanding starting salary and advancement. Full benefits and retirement. This is a quality career opportunity. Please call Dennis Ostrem, MD, Chief of Medicine, The Permanente Medical Group, Inc, (916) 973-5781 or send CV to Dennis Ostrem, MD, 2025 Morse Ave, Sacramento, CA 95825.

TUCSON, ARIZONA PRACTICE OPPORTUNITY for BC Family Physician to join busy solo Family Practitioner. Lucrative incentive startup package available. Contact Herbert R. Jalowsky, MD, 1701 W. St Mary's Rd, Tucson, AZ 85745; (602) 622-1414.

ORTHOPEDIST. Full-time/part-time, Los Angeles area. Industrial and second opinion, evaluations and treatment for insurance companies. Surgery optional. California license required. Send CV to M. C. Lewis, 11337 Nebraska Ave, #206, West Los Angeles, CA 90025.

WESTERN WASHINGTON—without the rain. Low volume Emergency position in Anacortes. Close to San Juan Islands, North Cascades, Seattle, Vancouver. $80,000 plus malpractice. Call Bob Apter, MD, FACEP, (206) 466-3327.

(Continued on Page 254)

(Continued from Page 252)

PHYSICIANS WANTED

LAGUNA HONDA HOSPITAL

PHYSICIAN

Full/part-time position for BC or BE MD in Internal Medicine or Family Practice. Experience or interest in teaching and in Geriatric Medicine is desirable. Possible UCSF faculty appointment. Contact:

Mary Anne Johnson, MD
Medical Director
Laguna Honda Hospital
375 Laguna Honda Blvd
San Francisco, CA 94116
(415) 664-1656

HEMATOLOGIST/ONCOLOGIST. Well established HMO located in beautiful northern California wine country seeking Oncologist and Hematologist/Oncologist. Excellent salary, benefits, security, and ample time off. Please send CVs to Richard Zweig, MD, 401 Bicentennial Way, Santa Rosa, CA 95403-2192.

VENTURA (SOUTHERN CALIFORNIA). Multispecialty group of 42 physicians has a position available for a BC/BE Psychiatrist. This growth oriented group is located on the California coast, 60 miles north of Los Angeles. Guaranteed salary plus incentives. Excellent benefits. City is a great place to raise a family in a clean environment. Send résumés to Recruitment, Psychiatrist, 2705 Loma Vista Rd, Ventura, CA 93003.

VENTURA (VENTURA COUNTY). Multispecialty group of 42 physicians has immediate positions available for two BC/BE Family Practitioners. Openings are available in each of our offices, located in Ventura, Camarillo, and Oxnard. This growth oriented group is located on the California coast, 60 miles north of Los Angeles. Guaranteed salary plus incentives. Excellent benefits. City is a great place to raise a family in a clean environment. Send résumés to Recruitment, Family Practitioner, 2705 Loma Vista Rd, Ventura, CA 93003.

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PRACTICES AVAILABLE

NORTHWEST. Family Practice, Internal Medicine, OB/GYN private practices available now outside Portland, Seattle, and scenic communities in California, Idaho, Colorado, and Montana. Group or hospital sponsored. Specific details available. CV to Jean Erickson, Prosearch, 305 NE 102nd Ave, Portland, OR 97220-4199; (503) 256-4488.

SAN JOSE PEDIATRIC PRACTICE FOR SALE. Very busy solo practice established 20 years. Net income above average. Good coverage with two other Pediatricians retiring. Reply to Number 134, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

COLORADO COLLEGE TOWN. General Internal Medicine and Geriatric practice and building for sale. $250,000, variable terms. Solo corporation. Great place to live. Call 1 (303) 482-4510 evenings.

FOR SALE, COMPLETE FACILITY. 3,200 square feet plus 1,200 square foot basement, 10 examining rooms, three consulting offices, 40 patient waiting rooms, x-ray, emergency room/minor surgery, ECG, laboratory, nurse station, coffee, computer room with Medical program and ECT block/cement construction, 50 patient and 15 employee parking, refrig/heat system. Presently two doctor General Practice, gross over ½ million. Excellent for group Family Practice, Internist, Pediatric or HMO group starter. Total price $475,000, includes real estate, equipment, supplies, and practice. Financial terms negotiable. No lease trials. Located northwest New Mexico. Write Michael Danoff and Associates, Attn: Medical, 604 Chama NE, Albuquerque, NM 87108.

CALIFORNIA, SACRAMENTO VALLEY— Family Practice. Long established three man group. Excellent area, fishing, hunting, skiing, etc. Practice collects approximately $360,000, nets $180,000. Urology practice also available. Call Western Practice Sales, (916) 673-1302.

DESIRABLE FULLY MATURE GASTROENTEROLOGY PRACTICE, coastal southern California. Nearby university medical school affiliation. Gross $450,000. Seller planning retirement. Price $200,000. Suitable for one or two buyers. Broker, Bernard Press; (619) 287-1187.

SAN DIEGO—INTERNAL—FAMILY—OB/GYN—PEDIATRIC AND OTHER SPECIALTY PRACTICES AVAILABLE. Long established—doctors retiring. Various prices—low down payments. Call CBI, the San Diego professional practice sales specialists, (619) 283-7009.

NORTHERN ARIZONA FAMILY PRACTICE FOR SALE. Well-established, solo practice. Share in call group. Purchase office building optional. Ideal location for family—good schools, university, plenty of outdoor activities. Kirk R. Stetson, MD, Flagstaff, Arizona; (602) 774-6671.

GENERAL PRACTICE / FAMILY PRACTICE, LAKE HAVASU, ARIZONA. Illness forces sale of growing solo practice. Growing outdoor recreational community, low desert, 40 miles to lake. Hospital expansion in progress. Great income potential, plus friendly, smog-free community to raise family. Appraisal available, negotiable terms. Mrs L. Cacho, (602) 453-8211 evenings; (602) 453-1951 message.

EASTERN WASHINGTON. Year round golf, sunshine, Columbia River recreation. Community of 115,000 needs Family Medicine, Oncology, OB/GYN, Pulmonology, Neurology, Thoracic Surgery, and Pediatrics. Variety of life-styles within minutes of hospital. River-front, ranching, agriculture, vineyards. Medical community adding new specialties. Practice support available. Excellent schools. Send CV or call The Friedrich Group, 9284 Ferncliff NE, Bainbridge Island, WA 98110; (206) 842-5248.

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MEETINGS

SIR WILLIAM OSLER Second Commemorative Meeting will be held at Wadham College, Oxford University, August 27 to September 3, 1989. Full details from Dr N. Dewey, PO Box 3104, St Augustine, FL 32085-3104; (904) 824-1514.

FAMILY PRACTICE DAY, MARCH 9, 1989, 7:30 A.M.-5:00 P.M. SWEDISH HOSPITAL MEDICAL CENTER GLASER AUDITORIUM. The theme will be Sports Medicine and the goal is to present a medical overview of this special interest, from the problems of competitive athletes to those of the recreational sports enthusiast. For further information contact the Medical Education Office, Swedish Hospital Medical Center, 747 Summit Ave, Seattle, WA 98104; (206) 386-2265.

CARDIOLOGY FOR THE CLINICIAN
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Fees: $315 for ACC members; $380 for nonmembers; $200 for residents, fellows in training, nurses, and technicians. 15.5 Category 1 credit hours. For information, call **American College of Cardiology, (800) 253-4636; in Maryland, (301) 897-5400.**

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At its National Meeting, Physicians for Social Responsibility will consider the issues that result from defining national security in strictly militaristic terms, and will explore alternatives. Saturday evening PSR will honor Dr Benjamin M. Spock at its annual award banquet. For information contact PSR, 1000 16th St, NW, #810, Washington, DC 20036; **(202) 785-3777.**

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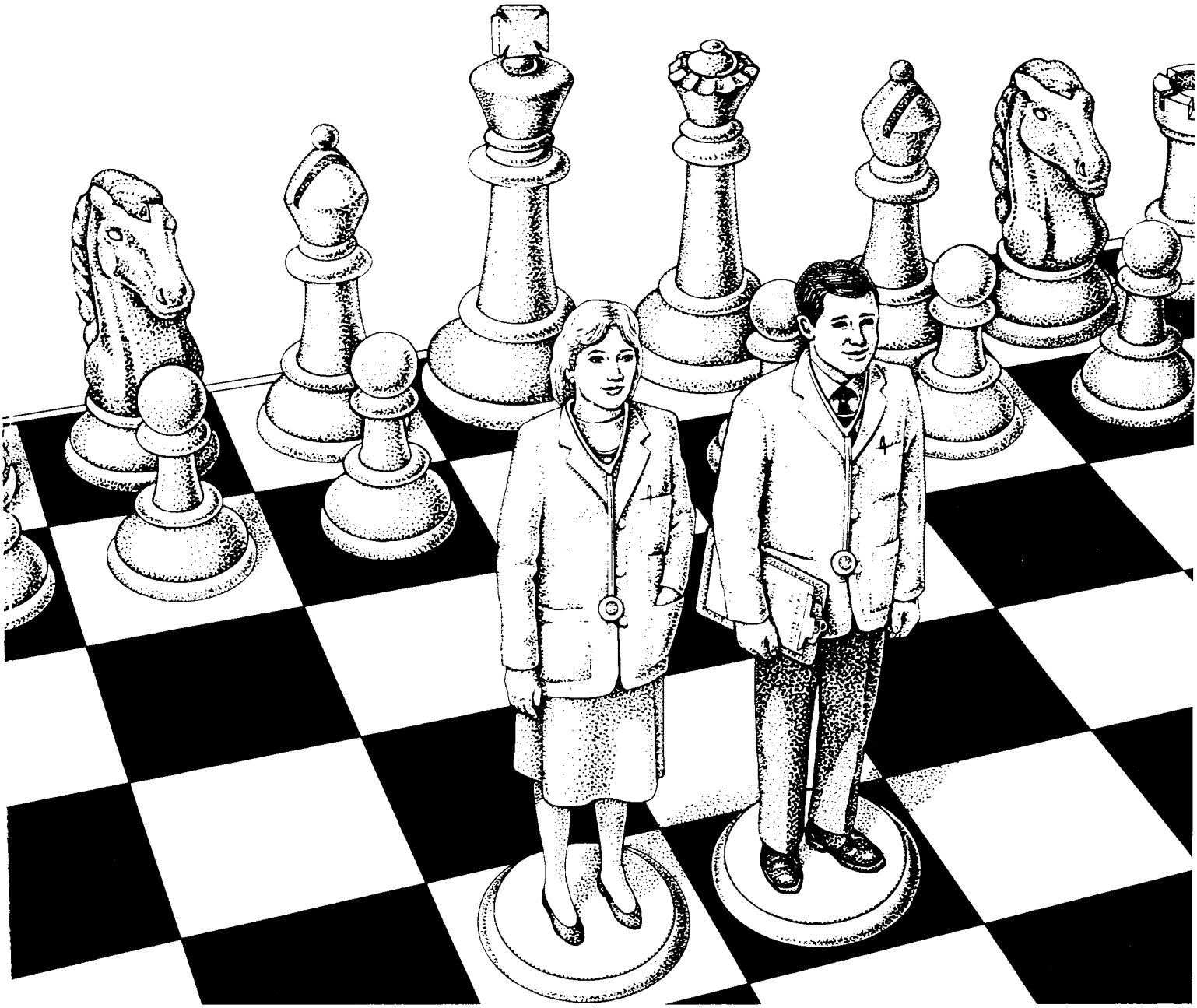

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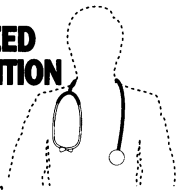

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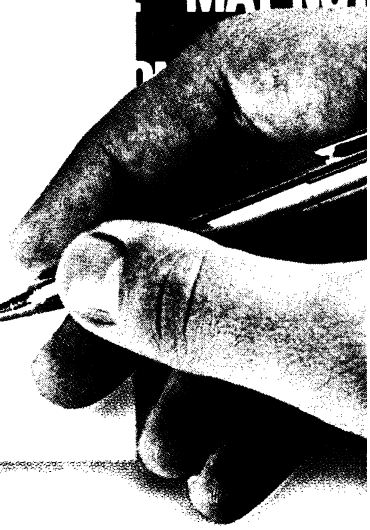

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